114031
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Jul 21 11 51 AM '92

GARY M. OLSON

BOOK 129 PAGE 835

SEATTLE-KING COUNTY

DEPARTMENT OF PUBLIC HEALTH

VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 40104

146-8 STATE FILE NUMBER

1 NAME - FIRST, MIDDLE, LAST			2 SEX	3 DEATH DATE (MO DAY YR)	
JAMES	W	NICHOLS	M	DEC. 20, 1982	
4 RACE (WHITE, BLACK, AM IND, ETC) (SPECIFY)	5 AGE - LAST BIRTHDAY (IN YEARS)	6 UNDER 1 YEAR: MOS / UNDER 1 DAY: HOURS / MINS	7 BIRTHDATE (MO DAY YR)	8 COUNTY OF DEATH	
WHITE	56		August 21, 1926	KING	
10 CITY, TOWN OR LOCATION OF DEATH		11 PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM OUT PTN 4 ☒ HOSP 5 ☐ NSG HOME 6 ☐ OTHER PLACE		12 RECEIVED EMERGENCY CARE IN AMBULANCE FIRE/TR PARAMED	
SEATTLE		VETERANS ADMINISTRATION MEDICAL CENTER		NO	YES/NO
13 BIRTH STATE (IF NOT IN USE GIVE COUNTRY)	14 CITIZEN OF WHAT COUNTRY	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16 SPOUSE (IF WIFE GIVE MAIDEN NAME)	17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)	
ALASKA	U.S.A.	DIVORCED		YES	
18 SOCIAL SECURITY NO		19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20 KIND OF BUSINESS OR INDUSTRY		
[redacted]		COMMERCIAL FISHERMAN	COMMERCIAL FISHING		
21 RESIDENCE - NUMBER AND STREET		22 CITY, TOWN OR LOCATION	23 INSIDE CITY LIMITS? (YES/NO)	24 COUNTY	25 STATE
2201 3RD AVENUE		SEATTLE	YES	KING	WASHINGTON
26 FATHER - NAME FIRST, MIDDLE, LAST			27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST		
JAMES HENDERSON NICHOLS			ORA GEIGER		
28 INFORMANT - NAME	29 MAILING ADDRESS (STREET OR RFD NO)	CITY OR TOWN	STATE	ZIP	
JIM NICHOLS	2201 3rd AVE #1502,	SEATTLE,	WASHINGTON		
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY, CREMATORY - NAME	33 LOCATION - CITY/TOWN, STATE		
CREMATION	12-22-1982	ARTHUR A WRIGHT CREMATORY	SEATTLE, WASHINGTON		
34 FUNERAL DIRECTOR SIGNATURE X [signature]		35 NAME OF FACILITY	36 ADDRESS OF FACILITY		
		ARTHUR A. WRIGHT FUNERAL HOME	520 W RAYE, SEATTLE, WASH		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE X [signature] M.D.

38 DATE SIGNED (MO DAY YR): DECEMBER 21, 1982

39 HOUR OF DEATH (24 HRS): 1130

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41 ON THE BASIS OF EXAMINATION AND OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE X

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

R. DAVIDSON M.D. VAMC, 4435 BEACON AVENUE SOUTH, SEATTLE, WASHINGTON 98108

47 IMMEDIATE CAUSE — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)

(A) ACIDOSIS, RESPIRATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH: DAYS

DUE TO, OR AS A CONSEQUENCE OF

(B) CHRONIC RENAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: MONTHS

DUE TO, OR AS A CONSEQUENCE OF

(C) DIABETES — INTERVAL BETWEEN ONSET AND DEATH: YEARS

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49 AUTOPSY (YES/NO): NO

50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): NO

51 ACCIDENT, HOW UNDET, OR PENDING INVEST (SPECIFY)

52 INJURY DATE (MO DAY YR)

53 HOUR OF INJURY (24 HRS)

54 DESCRIBE HOW INJURY OCCURRED

55 INJURY AT WORK? (YES/NO)

56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)

57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58 REGISTRAR SIGNATURE X [signature]

58 DATE RECEIVED (MO DAY YR): DEC 23 1982

Registered
Indexed, Dir 0
Indirect 0
Filmed 7/28/92
Mailed

I HEREBY CERTIFY That the foregoing is a true, full and correct copy of the original Certificate on file in this office.

DEC 29 1982

By

Seattle, Wash

CS 13207B "Declared"

Not a certified copy unless raised seal of the Health Department and original countersignature appear hereon.