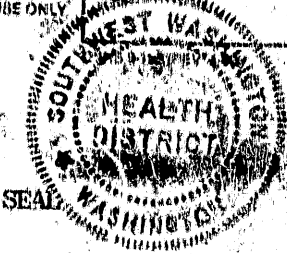


STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

LOCAL FILE NUMBER		CERTIFICATE OF DEATH	
1 NAME FIRST MIDDLE LAST RAYMOND L. WELLMAN SR.		2 SEX Male	3 DEATH DATE (MO DAY YR) Oct 4, 1985
4 RACE (SPECIFY) White		5 AGE LAST BIRTH DAY (YRS) 50	6 BIRTH DATE (MO DAY YR) May 9, 1925
7 CITY TOWN OR LOCATION OF DEATH Vancouver		8 COUNTY OF DEATH Clark	
9 PLACE OF DEATH (SPECIFY) St. Joseph Community Hospital		10 RECEIVED EMERGENCY OR AMBULANCE (FIRMS PARAMED) No	
11 MARRIED NEVER MARRIED Married		12 WIDOWED DIVORCED Yes	
13 US BORN STATE IF NOT IN USA GIVE COUNTRY Washington		14 CITIZEN OF WHAT COUNTRY USA	
15 SOCIAL SECURITY NO 538-12-0023		16 US ARMED FORCES (YES/NO) Yes	
17 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Retired Bottler		18 KIND OF BUSINESS OR INDUSTRY Luckey Lager Brewing Co.	
19 RESIDENCE NUMBER AND STREET 7553 Delaware Lane		20 CITY/TOWN OR LOCATION Vancouver	
21 FATHER'S NAME FIRST MIDDLE LAST Weldon B. Wellman		22 INSIDE CITY LIMITS (YES/NO) Yes	
23 MOTHER'S NAME FIRST MIDDLE LAST Tilda E. Anvik		24 COUNTY Clark	
25 INFORMANT NAME JoAnne Wellman		26 Mailing Address 7553 Delaware Lane, Vancouver, Washington 98664	
27 BURIAL CREMATION REMOVED OTHER (SPECIFY) Burial		28 DATE (MO DAY YR) Oct 8, 1985	
29 CEMETERY OR CREMATION HOME Park Hill Cemetery		30 LOCATION CITY/TOWN STATE Vancouver, Washington	
31 FUNERAL DIRECTOR (OR SIGNATURE) <i>[Signature]</i>		32 ADDRESS OF FACILITY 302 W. 11th St. Hamilton-Kylan F. Home, Inc. Vancouver, WA 98660	
33 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 34 SIGNATURE AND TITLE <i>[Signature]</i> 35 DATE SIGNED (MO DAY YR) 0725		36 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 37 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION BY OPINION DEATH OCCURRED AT THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 38 SIGNATURE AND TITLE <i>[Signature]</i> 39 DATE SIGNED (MO DAY YR) 0725	
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN OR PRIEST John H. Greves, MD, 700 N. E. 87th Avenue, Vancouver, Washington 98664		41 PRONOUNCED DEAD (MO DAY YR) 0725	
42 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT) John H. Greves, MD, 700 N. E. 87th Avenue, Vancouver, Washington 98664		43 HOUR PRONOUNCED DEAD (24 HRS) 0725	
44 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) INJURY OR DUE TO OR AS A CONSEQUENCE OF (A) Respiratory Arrest (B) Cerebral Anoxic Encephalopathy (C) Cardiac arrest with Ventricular Fibrillation		45 INTERVAL BETWEEN ONSET AND DEATH Minutes Days	
46 OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE) Slow Mobbed Cardiac Myopathy		47 INTERVAL BETWEEN ONSET AND DEATH Days	
48 ACC. SUICIDE HOMICIDE OR PENDING INQUIRY (SPECIFY) No		49 AUTOPSY (YES/NO) No	
50 INJURY DATE (MO DAY YR) No		51 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO) No	
52 INJURY AT WORK (YES/NO) No		53 INJURY AT HOME (YES/NO) No	
54 PLACE OF INJURY AT HOME (FARM STREET FACTORY OFFICE BLDG ETC (SPECIFY) No		55 LOCATION STREET OR RD NO CITY/TOWN STATE No	
56 SIGNATURE <i>[Signature]</i>		57 DATE RECEIVED (MO DAY YR) OCT 8 1985	
58 ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE ITEM <i>[Signature]</i>		59 DOCUMENTARY EVIDENCE REVIEWED BY DATE <i>[Signature]</i>	



OCT 8 1985

Wayne T. Shandera
WAYNE T. SHANDERA, M.D.
District Health Officer
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