BOOK 101 PAGE 97

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

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

DECEDENT

1 NAME FIRST MIDDLE LAST: RAYMOND L. WELLMAN SR.
2 SEX: Male
3 DEATH DATE (MO DAY YR): Oct 4, 1985
STATE FILE NUMBER: 146-8
4 RACE (WHITE, BLACK AM IND ETC (SPECIFY)): White
5 AGE LAST BIRTH DAY (YRS): 60
6 UNDER 1 YEAR MOS / UNDER 1 DAY DAYS / UNDER 1 HOUR MINS
7 BIRTHDATE (MO DAY YR): May 9, 1925
8 COUNTY OF DEATH: Clark
9 CITY TOWN OR LOCATION OF DEATH: Vancouver
10 PLACE OF DEATH (CHECK ONE BOX FOR PLACE OF DEATH AND GIVE ADDRESS OR INSTITUTION NAME) 0 ☐HOME 2 ☐IN TRANSPORT 3 ☐EMERG ROOM 4 ☒HOSP 5 ☐NURS HOME 1 ☐OTHER PLACE: St. Joseph Community Hospital
12 RECEIVED EMERGENCY CARE AMBULANCE FIRST PARAMED?: No
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington
14 CITIZEN OF WHAT COUNTRY: USA
15 MARRIED NEVER MARRIED WIDOWED DIVORCED: Married
16 SPOUSE IF WIFE GIVE MAIDEN NAME): JoAnne Dahlgren
17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes
18 SOCIAL SECURITY NO: 538-12-0023
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Retired Bottler
20 KIND OF BUSINESS OR INDUSTRY: Luckey Lager Brewing Co.
21 RESIDENCE NUMBER AND STREET: 7553 Delaware Lane
22 CITY TOWN OR LOCATION: Vancouver
23 INSIDE CITY LIMITS? (YES NO): Yes
24 COUNTY: Clark
25 STATE: Washington

PARENTS OF DECEDENT

26 FATHER NAME FIRST MIDDLE LAST: Weldon B. Wellman
27 MOTHER MAIDEN NAME FIRST MIDDLE LAST: Tilda E. Anlvik

INFORMANT

28 INFORMANT NAME: JoAnne Wellman
29 MAILING ADDRESS STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 7553 Delaware Lane, Vancouver, Washington 98664
30 BURIAL CREMATION REMOVAL OTHER (SPECIFY): Burial
31 DATE (MO DAY YR): Oct 8, 1985
32 CEMETERY OR MORTUARY NAME: Park Hill Cemetery
33 LOCATION CITY TOWN STATE: Vancouver, Washington
34 FUNERAL DIRECTOR SIGNATURE: [signature]
35 NAME OF FACILITY: Hamilton-Lylan F. Home, Inc.
36 ADDRESS OF FACILITY: 302 W. 11th St. Vancouver, WA 98660

CERTIFIER

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] MD
38 DATE SIGNED (MO DAY YR):
39 HOUR OF DEATH (24 HRS): 0725
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): John H. Groves, MD, 700 N. E. 87th Avenue, Vancouver, Washington 98664

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C)):
(A) Respiratory Arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes
DUE TO OR AS A CONSEQUENCE OF
(B) Cerebral Anoxic Encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: Days.
DUE TO OR AS A CONSEQUENCE OF
(C) Cardiac arrest with Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Days.
48 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Severe Mitral Aortic Myxomatosis.
49 AUTOPSY? (YES/NO): No
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
51 ACC SUICIDE HOM 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]
59 DATE RECEIVED (MO DAY YR): OCT 8 1985

FOR STATE REGISTRAR USE ONLY

60 ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE
ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

SEAL — SOUTHWEST WASHINGTON HEALTH DISTRICT — WASHINGTON

OCT 8 1985

[signature]
WAYNE T. SHANDERA, M.D.
District Health Officer

293

VOL 8604 PAGE 320

DSHS 9-641A (6/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.