102655 BOOK 104 PAGE 211

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

1752

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

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

DECEDENT

1. NAME-FIRST, MIDDLE, LAST: McClellan nmn THOMAS
2. SEX: Male
3. DEATH DATE (MO DAY YR): Feb. 5, 1987
146-8
STATE FILE NUMBER
4. RACE (WHITE, BLACK, AM. IND ETC (SPECIFY)): White
5. AGE - LAST BIRTHDAY (YRS): 88
6. UNDER 1 YEAR: MOS / DAYS
7. UNDER 1 DAY: HOURS / MINS
8. BIRTHDATE (MO DAY YR): July 27, 1898
9. COUNTY OF DEATH: Clark
10. CITY, TOWN OR LOCATION OF DEATH: Vancouver
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 ☐ NUR HOME 1 ☐ OTHER PLACE
St. Joseph Hospital
12. RECEIVED EMERGENCY CARE AMBULANCE, FIRE/FR, PARAMED? Yes YES/NO
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Oregon
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Lila M. Sipple
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
18. SOCIAL SECURITY NO.: 544-20-5233
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Chef
20. KIND OF BUSINESS OR INDUSTRY: Restaurant
21. RESIDENCE - NUMBER AND STREET: P.O. Box 322
22. CITY/TOWN, OR LOCATION: North Bonneville
23. INSIDE CITY LIMITS? (YES/NO): Yes
24. COUNTY: Skamania
25. STATE: Washington

PARENTS

26. FATHER - NAME FIRST, MIDDLE, LAST: Unknown
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: unknown

INFORMANT

28. INFORMANT - NAME: Lila M. Thomas
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): P.O. Box 322 North Bonneville, Washington 98639

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
31. DATE (MO DAY YR): Feb. 9, 1987
32. CEMETERY/CREMATORY - NAME: Camas Cemetery
33. LOCATION - CITY/TOWN, STATE: Camas, Washington
34. FUNERAL DIRECTOR SIGNATURE: X Ronald Brown
35. NAME OF FACILITY: Brown's Funeral Home, Inc.
36. ADDRESS OF FACILITY: 410 N.E. Garfield Street, Camas, Washington 98607

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 Karl F Stefan MD
38. DATE SIGNED (MO DAY YR): 2-6-87
39. HOUR OF DEATH (24 HRS): 0405
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): Karl F. Stefan 1702 C Street Washougal, Washington 98671

CAUSE OF DEATH

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)):
(A) acute Cardiac Arrest — DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH: ± 30 min
(B) Chronic Hypertensive Cardiovascular disease — DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH: ± 20 years
(C) A.S. Senile dementia — INTERVAL BETWEEN ONSET AND DEATH: ± 15 years
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Chronic arthritis
49. AUTOPSY? (YES/NO): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): Yes
51. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY)
52. INJURY DATE (MO DAY YR)
53. HOUR OF INJURY (24 HRS)
54.
55. INJURY AT WORK? (YES/NO)
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)
57.

FILED FOR RECORD
SKAMANIA CO. WASH
BY Gordon Stangle
FEB 11 1 51 PM '87
E. Mayford
AUDITOR
GARY M. OLSON

58. REGISTRAR SIGNATURE: X Karen Steingart, MD
59. DATE RECEIVED (MO DAY YR): FEB 9 1987
60. ITEM ... DOCUMENTARY EVIDENCE ... REVIEWED BY: ... DATE:

FOR STATE REGISTRAR USE ONLY

DSHS 9-150 (REV. 1-82)

FEB 9 1987

Karen Steingart, MD
KAREN STEINGART, M.D.
DISTRICT HEALTH OFFICER

Registered E
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DSHS 9-041A (11/85)

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