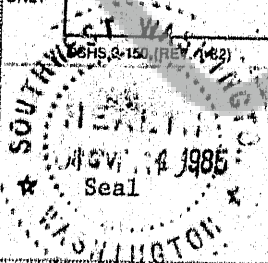


STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

LOCAL FILE NUMBER		CERTIFICATE OF DEATH	
1. NAME - FIRST, MIDDLE, LAST PERCY WALTER KEMP		2. SEX MALE	3. DEATH DATE (MO DAY YR) OCT. 29, 85
4. RACE (WHITE, BLACK, AM. IND. 5. AGE - LAST BIRTH - 6. UNDER 1 YEAR ETC. SPECIFY) White 72		7. UNDER 1 YEAR DAY (YRS) MOS DAYS HOURS MINS	8. BIRTHDATE (MO DAY YR) JULY 23, 13
9. COUNTY OF DEATH Skamania		STATE FILE NUMBER 146-8	
10. CITY, TOWN OR LOCATION OF DEATH Cook		11. PLACE OF DEATH - (2) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Star Rt., Cook, Wash. (Furness Road)	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Idaho		12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? Yes YES/NO	
14. CITIZEN OF WHAT COUNTRY USA		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) Yes	
15. MARRIED NEVER MARRIED, 16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Married Winnie		20. KIND OF BUSINESS OR INDUSTRY Saw Mill	
18. SOCIAL SECURITY NO 538-09-6316		21. RESIDENCE - NUMBER AND STREET Star Rt.	
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Fired Boilers		22. CITY/TOWN OR LOCATION Cooks	
23. INSIDE CITY LIMITS? (YES/NO) No		24. COUNTY Skamania	
25. STATE Wash.		26. FATHER - NAME FIRST, MIDDLE, LAST Percy Kemp	
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Alice Ann Price		28. INFORMANT - NAME Winnie M. Kemp-Wife	
29. MAILING ADDRESS Star Rt., Cooks Washington		30. BUREAU OF VITAL RECORDS NO. 98605	
31. DATE (MO DAY YR) Cremation		32. CEMETERY/CREMATORY - NAME Uniservice Crematorium	
33. LOCATION - CITY/TOWN, STATE Portland, Oregon		34. FUNERAL DIRECTOR Marcia H. H. H.	
35. NAME OF FACILITY The Little Chapel of the Chimes, 2010 NE Division		36. ADDRESS OF FACILITY Gresham, Ore.	
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		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	
38. DATE SIGNED (MO DAY YR) November 4, 1985		42. DATE SIGNED (MO DAY YR) October 29, 1985	
39. HOUR OF DEATH (24 HRS) 8:40 a.m.		43. HOUR OF DEATH (24 HRS) 9:15 a.m.	
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ROBERT K. LEICK, County Coroner, Chhse Bldg., Stevenson, WA		44. PRONOUNCED DEAD (MO DAY YR) October 29, 1985	
45. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) ROBERT K. LEICK, County Coroner, Chhse Bldg., Stevenson, WA		46. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)) (A) Coronary Occlusion	
47. DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF		48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE (C) DUE TO, OR AS A CONSEQUENCE OF	
49. AUTOPSY? (YES/NO) No		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) Yes	
51. ACC. SUICIDE, HOMICIDE, OR PENDING INVEST. (SPECIFY) Natural		52. INJURY DATE (MO DAY YR) Oct. 29, 1985	
53. HOUR OF INJURY (24 HRS) 8:40 a.m.		54. DESCRIBE HOW INJURY OCCURRED Coronary Occlusion	
55. INJURY AT WORK? (YES/NO) No		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY) Furness Rd., Star Rt., Cook, WA	
57. LOCATION - STREET OR R.D. NO., CITY/TOWN, STATE Furness Rd., Star Rt., Cook, WA		58. REGISTRAR SIGNATURE X	
59. DATE RECEIVED (MO DAY YR) Nov 4, 1985		60. STATE STRAIP ONLY ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE	



SOUTHWEST WASHINGTON HEALTH DISTRICT
Wayne X. Shandera
Wayne X. Shandera, M.D.
District Health Officer

DSHS 9-641A (5/85)

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

Oct 13 28 PM '90
Gary M. Olson
GARY M. OLSON