110164

BOOK 120 PAGE 794

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

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST: PERCY WALTER KEMP
2. SEX: MALE
3. DEATH DATE (MO DAY YR): OCT. 29, 85
STATE FILE NUMBER: 146-8

DECEDENT

4. RACE (WHITE, BLACK, AM. IND. ETC SPECIFY): White
5. AGE - LAST BIRTH DAY (YRS): 72
6. UNDER 1 YEAR MOS / 7. UNDER 1 DAY DAYS HOURS MINS
8. BIRTHDATE (MO DAY YR): JULY 23,13
9. COUNTY OF DEATH: Skamania
10. CITY, TOWN OR LOCATION OF DEATH: Cook
11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME ☒ 1 HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE: Star Rt., Cook, Wash. (Furness Road)
12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTH, PARAMED? YES/NO: Yes
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Idaho
14. CITIZEN OF WHAT COUNTRY: USA
15. MARRIED NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Winnie
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes
18. SOCIAL SECURITY NO.: 538-09-6316
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Fired Boilers
20. KIND OF BUSINESS OR INDUSTRY: Saw Mill
21. RESIDENCE - NUMBER AND STREET: Star Rt.
22. CITY/TOWN, OR LOCATION: Cooks
23. INSIDE CITY LIMITS? (YES/NO): No
24. COUNTY: Skamania
25. STATE: Wash.

PARENTS

26. FATHER - NAME FIRST, MIDDLE, LAST: Percy Kemp
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Alice Ann Price

INFORMANT

28. INFORMANT - NAME: Winnie M. Kemp-Wife
29. MAILING ADDRESS ST. DET OR RFD NO. CITY OR TOWN STATE ZIP: Star Rt., Cooks Washington 98605

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31. DATE (MO DAY YR):
32. CEMETERY/CREMATORY - NAME: Uniservice Crematorium
33. LOCATION - CITY/TOWN, STATE: Portland, Oregon
34. FUNERAL DIRECTOR SIGNATURE: X Marion Halvorsen
35. NAME OF FACILITY: The Little Chapel of the Chimes
36. ADDRESS (FACILITY): Gresham, Ore. 2010 NE Division 97030

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
38. DATE SIGNED (MO DAY YR):
39. HOUR OF DEATH (24 HRS):
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 Robert K. Leick CORONER
42. DATE SIGNED (MO DAY YR): November 4, 1985
43. HOUR OF DEATH (24 HRS): 8:40 a.m.
44. PRONOUNCED DEAD (MO DAY YR): October 29, 1985
45. HOUR PRONOUNCED DEAD (24 HRS): 9:15 a.m.

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): ROBERT K. LEICK, County Coroner, Cthse Bldg., Stevenson, WA 98648

CAUSE OF DEATH

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), and (C)).
(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Un-determined
DUE TO, OR AS A CONSEQUENCE OF
(B) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH

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): Yes
51. ACC, SUICIDE, HOM, UNDET, 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): Home
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

STATE REGISTRAR USE ONLY	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

CT WASH
DSHS 9-150 (REV 1-82)

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

NOV 14 1985
Seal
WASHINGTON

DSHS 9-041A (5/85)

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Oct 1 3 28 PM '90

D. Lowry

GARY M. OLSON