(1275)

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER 146

DECEDENT

1. NAME—FIRST, MIDDLE, LAST: Ralph Michael CORNWELL
2. SEX: Male
3. DEATH DATE (Mo., Day, Yr.): 12-12-91
4. AGE LAST BIRTHDAY (Yrs): 66
5. UNDER 1 YEAR MOS. DAYS:
6. UNDER 1 DAY HOURS MINS.:
7. BIRTHDATE (Mo., Day, Yr.): 5-14-25
8. BIRTH STATE (If not in USA give country): Iowa
9. CITIZEN OF WHAT COUNTRY?: USA
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OF INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☐ HOSP 5 ☐ NURS. HOME 6 ☐ OTHER PLACE — Southwest Washington Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Marian Whitson
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): Yes
17. SOCIAL SECURITY NO.: 478-24-2593
18. HIGH SCHOOL GRADUATE? (Yes/No): Yes
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Pharmacist
20. KIND OF BUSINESS OR INDUSTRY: Pharmacy
21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No
22. RACE — White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify): White
23. RESIDENCE - NUMBER AND STREET: 37 Lakeshore Drive
24. CITY, TOWN OR LOCATION: Skamania
25. INSIDE CITY LIMITS? (Yes/No): no
26. COUNTY: Skamania
27. STATE: Washington
28. ZIP CODE: 98648

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST: John J. Cornwell
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Mary R. Hosman
31. INFORMANT—NAME: Kevin Cornwell
32. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 327 N. 84th Street, Seattle, WA 98103

DISPOSITION

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
34. DATE (Mo., Day, Yr.): 12-16-91
35. CEMETERY/CREMATORY—NAME: Stevenson Cemetery
36. LOCATION—CITY/TOWN, STATE: Stevenson, Washington
37. FUNERAL DIRECTOR SIGNATURE: X Marjorie C. Hall
38. NAME OF FACILITY: Corinthian Funeral Service
39. ADDRESS OF FACILITY: 11667 S.E. Stevens Road, Portland, Oregon 97266

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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
42. DATE SIGNED (Mo., Day, Yr.): 12/13/91
43. HOUR OF DEATH (24 Hrs.): 2:45 a.m.
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): FD PROANO MD.
47. PRONOUNCED DEAD (Mo., Day, Yr.):
48. HOUR PRONOUNCED DEAD (24 Hrs.):
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): 315 SE Stonemill Dr. #110 VANCOUVER, WA. 98684

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
44. DATE SIGNED (Mo., Day, Yr.):
45. HOUR OF DEATH (24 Hrs.):

CAUSE OF DEATH

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(A) Hypoxia — INTERVAL BETWEEN ONSET AND DEATH: 10 Min
DUE TO, OR AS A CONSEQUENCE OF:
(B) Respiratory and cardiovascular collapse — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
52. AUTOPSY? (Yes, No): no
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): no
54. ACC., SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify):
55. INJURY DATE (Mo., Day, Yr.):
56. HOUR OF INJURY (24 Hrs.):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes/No):
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify):
60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE:

61. REGISTRAR SIGNATURE: X Karen Steingart, MD.
62. DATE RECEIVED (Mo., Day, Yr.): DEC 13 1991

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)

SOUTHWEST WASHINGTON HEALTH DISTRICT SEAL WASHINGT

DEC 13 1991

Registered
Indexed, Dir
Indirect
Filmed 1/22/92
Mailed

Karen Steingart, MD

Karen Steingart, M.D.
Public Health District Officer

JAN 1992 RECEIVED SKAMANIA COUNTY AUDITOR STEVENSON WASH 2:55 PM

DOH 01-003 (7/89)

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