

STATE OF WASHINGTON DEPARTMENT OF HEALTH

113331

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

BOOK 128 PAGE 284

PRINT IN
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M-1

LOCAL FILE NUMBER

176-M

CERTIFICATE OF DEATH

STATE FILE NUMBER

2875

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
JAMES		ALBERT		MAGUIRE				Male	February 7, 1973		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
White		59		MOS. DAYS		HOURS MIN.		6-19-13		Clark	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)							
Vancouver		Yes		V. A. Hospital, Vancouver, Washington							
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)					
California		USA		Divorced							
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
559-07-2764		Sanitary Engineer		492X							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
Washington		Skamania		Stevenson							
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
John		Francis		Maguire				Agnes Josephine Kruger			
INFORMANT—NAME		MAILING ADDRESS		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP							
VA Hospital records		V. A. Hospital, Vancouver, Washington		98661							
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE C. USE PER LINE FOR (a), (b), AND (c)]									
IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
(a) Pulmonary congestion and edema		Terminal									
(b) Congestive heart failure		Weeks									
(c) Cardiomegaly and pulmonary emphysema		Years									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (C)		AUTOPSY (YES OR NO) IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH									
1. Laennec's cirrhosis 2. Obesity		Yes Yes									
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)					
20a.		20b.		20c.		20d.					
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION		STREET OR R.F.D. NO., CITY OR TOWN, STATE					
20a.		20b.		20c.		20d.					
CERTIFICATION—VA		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
I ATTENDED THE DECEASED FROM		2-6-73		TO		2-7-73		21a. 2-7-73		21d. did	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND PLACE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		MONTH		DAY		YEAR	
22a.		22b.		22c.		22d.		22e.		22f.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		M.			
RUSSELL M. MAYNARD, M.D.						2-9-73					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
VA Hospital, Fourth Plain & O Street		Vancouver		Washington		98661					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE		ZIP	
Burial		Carson Community Cem.		Carson, Washington		98672					
DATE (MONTH, DAY, YEAR)		FURNERAL HOME—NAME AND ADDRESS		CITY OR TOWN, STATE, ZIP							
2/13/73		Garner Funeral Home		Box 276, White Salmon, Wn							
FURNERAL DIRECTOR—SIGNATURE		REGISTERED SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
				FEB 13 1973							

HEA-67 (S. F. 8191) 6-71

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BY Jerry Maguire

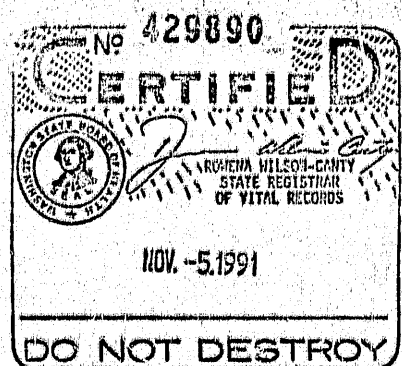
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GARY M. OLSON

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