STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 129 PAGE 36

LOCAL FILE NUMBER: 58

113649

146-8 STATE FILE NUMBER

HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

1. NAME - FIRST, MIDDLE, LAST: Dale E. COLLINS	2. SEX: M	3. DEATH DATE (MO DAY YR): 08 Jan 1983			
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY): White	5. AGE - LAST BIRTH DAY (YRS): 55	6. UNDER 1 YEAR: MOS. / DAYS	7. UNDER 1 DAY: HOURS / MINS.	8. BIRTHDATE (MO DAY YR): 25 Jul 1927	9. COUNTY OF DEATH: Clark
10. CITY, TOWN OR LOCATION OF DEAT: Vancouver,	11. PLACE OF DEATH - (1) DOA FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 2. ☐ HOME 3. ☐ IN TRANSPORT 4. ☐ EMERG RM/OUT PTN 5. ☐ HOSP. 6. ☐ NUR HOME 7. ☐ OTHER PLACE: P/VAMC Vancouver Division			12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRST TR, PARAMED)? No YES/NO	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington	14. CITIZEN OF WHAT COUNTRY: U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Betty Hurworth Collins	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes	
18. SOCIAL SECURITY NO.: 539-22-4668	19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Road Crew	20. KIND OF BUSINESS OR INDUSTRY: Skamania County			
21. RESIDENCE - NUMBER AND STREET: Star Rt. Box 220	22. CITY/TOWN, OR LOCATION: Underwood	23. INSIDE CITY LIMITS? (YES/NO): No	24. COUNTY: Skamania	25. STATE: Washington	
26. FATHER - NAME FIRST, MIDDLE, LAST: William Cleve Collins		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: WILSON Juanita - Collins			
28. INFORMANT - NAME: Betty Collins	29. MAILING ADDRESS (STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP): Star Rt. Box 220 Underwood, WA 98651				
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	31. DATE (MO DAY YR): 12 Jan 1983	32. CEMETERY/CREMATORY - NAME: Wind River Memorial	33. LOCATION - CITY/TOWN, STATE: Carson, Washington		
34. FUNERAL DIRECTOR SIGNATURE: X [illegible]	35. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	36. ADDRESS OF FACILITY: White Salmon, WA			

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 [illegible] MD

38. DATE SIGNED (MO DAY YR): 1/18/83

39. HOUR OF DEATH (24 HRS): 2143

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

41. PRONOUNCED DEAD (MO DAY YR):

42. HOUR PRONOUNCED DEAD (24 HRS):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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):

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): JENNIFER MCDONALD, M. D. VA Medical Center, PO Box 1035, Portland, OR. 97207

CAUSE LAST.

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))		
(A) Adenocarcinoma, metastatic, primary unknown		INTERVAL BETWEEN ONSET AND DEATH: 3 months
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): No

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)	52. INJURY DATE (MO DAY YR)	53. HOUR OF INJURY (24 HRS.)	54. DESCRIBE HOW INJURY OCCURRED.	
55. INJURY AT WORK? (YES/NO)	56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (SPECIFY)	57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		

58. REGISTRAR SIGNATURE: X Robert D. Thornton MD

59. DATE RECEIVED (MO DAY YR): JAN 20 1983

STATE REGISTRAR USE ONLY

ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

DSHS 9-150 (REV. 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.

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SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

SEAL

JUN 2 2 50 PM '92

JAN 20 1983

Robert D. Thornton MD
ROBERT D. THORNTON, M.D.
District Health Officer

Registered
Indexed, Dir
Indirect
Filmed 6/9/92
Mailed

By Juanita Hall

AUDITOR
GARY M. OLSON FOR VETERANS USE ONLY

3-10-20-1101

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