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

BOOK 137 PAGE 344

DECEDENT

1 NAME: FIRST, MIDDLE, LAST	116997	SEX	3 DEATH DATE (MO DAY YR)	1468	STATE FILE NUMBER
Percy Eldon SHOEMAKER		male	Aug. 26, 1985		
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY)	5 AGE - LAST BIRTH DAY (YRS)	6 UNDER 1 YEAR MOS / DAYS	7 UNDER 1 DAY HOURS / MINS	8 BIRTHDATE (MO DAY YR)	9 COUNTY OF DEATH
white	70			Jan. 22, 1915	Clark
10 CITY, TOWN OR LOCATION OF DEATH	11 PLACE OF DEATH 0 ☐HOME 2 ☐IN TRANSPORT 3 ☐EMERG RM/OUT PTN 4 ☐HOSP 5 ☐NURS HOME 6 ☐OTHER PLACE				12 RECEIVED EMERGENCY CARE AMBULANCE, FIRSTA PARAMED?
Vancouver	home - 9211 NE 107th Ave.				no YES/NO
13 BIRTH STATE OR NOT IN USA GIVE COUNTRY	14 CITIZEN OF WHAT COUNTRY	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16 SPOUSE (IF WIFE GIVE MAIDEN NAME)		17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)
Idaho	USA	married	Mabel M. Black		yes
18 SOCIAL SECURITY NO	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		20 KIND OF BUSINESS OR INDUSTRY		
531 07 0717	supervisor		paper mill		
21 RESIDENCE - NUMBER AND STREET	22 CITY/TOWN, OR LOCATION	23 INSIDE CITY LIMITS? (YES-NO)	24 COUNTY	25 STATE	
MP010 Sportsman Road	Washougal	no	Clark	Wash.	
26 FATHER - NAME FIRST, MIDDLE, LAST		27 MOTHER - MAIDEN NAME FIRST MIDDLE LAST			
Verner Eddries Shoemaker		Florence Viola Tull			
28 INFORMANT NAME	29 MAILING ADDRESS (STREET OR RFD NO CITY OR TOWN STATE ZIP)				
Mabel M. Shoemaker	MP010 Sportsman Rd. Washougal, WA 98671				
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY/CREMATORY - NAME	33 LOCATION CITY/TOWN, STATE		
Burial	Aug. 30, 1985	Evergreen Memorial Gardens	Vancouver, Wash.		
34 FUNERAL DIRECTOR SIGNATURE		35 NAME OF FACILITY	36 ADDRESS OF FACILITY		
X [signature]		Memorial Gardens Mortuary	1101 NE 112th Ave. Vanc. WA		

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 R Shneidman SHNEIDMAN MD

38 DATE SIGNED (MO DAY YR) 9/5/85

39 HOUR OF DEATH (24 HRS) 1431

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

42 DATE SIGNED (MO DAY YR)

43 HOUR OF DEATH (24 HRS)

44 PRONOUNCED DEAD (MO DAY YR)

45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

R. Shneidman MD. VAMC Portland Portland Ore. 97207

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

(a) Cardiopulmonary Arrest — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO OR AS A CONSEQUENCE OF

(b) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Weeks

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 OR TOWN STATE ZIP)

58 REGISTRAR SIGNATURE X Wayne T. Shandera — 59 DATE RECEIVED BY REGISTRAR (MO DAY YR): SEP 9 1985

DATE RAR ILY

60. ITEM — DOCUMENTARY EVIDENCE: — REVIEWED BY: — DATE:

016017

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

AUDITOR
GARY M. OLSON

Registered
Indexed, Dir
Indirect
Filmed
Mailed

DSHS REAL ESTATE EXCISE TAX

AUG 13 1993 SEP 9 1985

PAID Exempt

SEAL

SKAMANIA COUNTY TREASURER

Wayne T. Shandera M.D.
District Health Officer

By [illegible] Parcel # 1-5-6-1-603

DSHS 9-841A (5/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

Unofficial Document

RECORDER'S NOTE: NOT AN ORIGINAL DOCUMENT

LOCAL RECORD SKAMANIA CO. WASH