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

17 — LOCAL FILE NUMBER

VITAL RECORDS

CERTIFICATE OF DEATH

117657

BOOK 138 PAGE 758

146-8 — STATE FILE NUMBER

IF DEATH OCCURRED AT HOME, SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS.

DECEDENT

1. NAME-FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (MO DAY YR)	
William H. REHFUSS	Male	02 Aug 198	

4. RACE (WHITE, BLACK, AM IND ETC (SPECIFY))	5. AGE - LAST BIRTH DAY (YRS)	6. UNDER 1 YEAR: MOS / DAYS / HOURS / MINS	7. UNDER 1 DAY: HOURS / MINS	8. BIRTH DATE (MO DAY YR)	9. COUNTY OF DEATH
White	86			2 May 1901	Skamania

10. CITY, TOWN OR LOCATION OF DEATH	11. PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 HOME 2 IN TRANSPORT 3 EMERG RM OUT PT 4 HOSP 5 NURS HOME 6 OTHER PLACE	12. RECEIVED EMERGENCY CARE AND/OR FIRST? (YES/NO)
North Bonneville	Roosevelt & Cascade Drive	No

13. BIRTH STATE (IF 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 US ARMED FORCES? (YES/NO)
California	U.S.A.	Married	Luella Elliott	NO

18. SOCIAL SECURITY NO	19. OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	20. KIND OF BUSINESS OR INDUSTRY
540-09-3029	Powerhouse Operator	Dam

21. RESIDENCE - NUMBER AND STREET	22. CITY/TOWN, OR LOCATION	23. INSIDE CITY LIMITS? (YES/NO)	24. COUNTY	25. STATE
Box 315	No. Bonneville	Yes	Skamania	Washington

PARENTS

26. FATHER NAME FIRST, MIDDLE, LAST	27. MOTHER MAIDEN NAME FIRST, MIDDLE, LAST
Ernest John Rehfuss	NICOLAI Margaret - Rehfuss

INFORMANT

28. INFORMANT NAME	29. MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP)
Luella Rehfuss	P.O. Box 315 North Bonneville, WA 98639

DISPOSITION

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31. DATE (MO DAY YR)	32. CEMETERY/CREMATORY NAME	33. LOCATION CITY/TOWN STATE
Cremation	03 Aug 1987	Park Hill Crematory	Vancouver, Washington

34. FUNERAL DIRECTOR SIGNATURE	35. NAME OF FACILITY	36. ADDRESS OF FACILITY
X K. L. Gardner	GARDNER FUNERAL HOME, INC.	White Salmon, 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

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)

41. NAME AND ADDRESS OF CERTIFIER PHYSICIAN MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

42. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, PLACE AND DUE TO THE CAUSE(S) STATED

43. SIGNATURE AND TITLE

X Robert K. Leick County Coroner

44. DATE SIGNED (MO DAY YR)

August 12, 1987

45. HOUR OF DEATH (24 HRS)

0400

46. DATE PRONOUNCED DEAD (MO DAY YR)

August 2, 1987

47. HOUR PRONOUNCED DEAD (24 HRS)

0600

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST

48. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C))

(A) Mesothelioma of Left Lung & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

DUE TO, OR AS A CONSEQUENCE OF

(B) Asbestos Exposure during WWII — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF

(C) — INTERVAL BETWEEN ONSET AND DEATH:

49. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE	50. AUTOPSY? (YES/NO)	51. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (YES/NO)
	Yes	Yes

52. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (SPECIFY)	53. INJURY DATE (MO DAY YR)	54. HOUR OF INJURY (24 HRS)	55. DESCRIBE HOW INJURY OCCURRED
	Aug. 2, 1987	0400	Mesothelioma of Lft. Lung & Metastases Asbestos Exposure During WWII

56. INJURY AT WORK? (YES/NO)	57. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY)	58. LOCATION (STREET OR RFD NO, CITY/TOWN, STATE)
No	Home	Roosevelt & Cascade Dr., North Bonneville, WA

59. REGISTRAR SIGNATURE

X Karen Steingart, MD

60. DATE RECEIVED (MO DAY YR)

Aug 12, 1987

FOR STATE REGISTRAR USE ONLY

61. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

FILED FOR RECORD
SKAMANIA CO. WASH.
BY Kielpinski & Associates

DSHS 9-150 (REV. 1/82)

AUG 12 1987

SEAL

Oct 13 4 20 PM '93

AUDITOR
GARY M. OLSON

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, M.D.
District Health Officer

Registered
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RECORDER'S NOTE:
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DSHS 9-441A (11/82)

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