STATE OF WASHINGTON
DEPARTMENT OF HEALTH

12-67
LOCAL FILE NUMBER

117770
STATE FILE NUMBER

CERTIFICATE OF DEATH

BOOK 739 PAGE 90

DECEDENT

1. NAME: First: George | Middle: S. | Last: ALWAY
2. SEX (M / F): MALE
3. DEATH DATE (Mo., Day, Yr): September 21 1993
4. AGE LAST BIRTHDAY (Yrs): 87
5. UNDER 1 YEAR: MOS. / DAYS
6. UNDER 1 DAY: HOURS / MINS
7. BIRTHDATE (Mo., Day, Yr): June 21 1906
8. BIRTHPLACE (City or Town, County): Seattle WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO
10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver
12. PLACE OF DEATH—IF BOX FOR PUBLIC THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. AMBULATORY PTN 4 ☐ HOSP. 5 ☐ NURSING HOME 6 [X] OTHER PLACE: 2000 Harney St
13. SMOKING IN LAST 15 YEARS? (Yes / No): NO
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): WIDOWED
15. SURVIVING SPOUSE (If wife, give maiden name): None
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8 | College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Logger
19. KIND OF BUSINESS OR INDUSTRY: Timber
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): WHITE
22. RESIDENCE—NUMBER AND STREET: MP 0.59L Butler Loop
23. CITY/TOWN, OR LOCATION: Skamania
24. INSIDE CITY LIMITS? (Yes / No): NO
25A. COUNTY: SKAMANIA
25B. LENGTH OF RES. IN CO.: 65 yrs
26. STATE: WA
27. ZIP CODE: 98648

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: Alfred Thomas Alway
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Helen Ada White

INFORMANT

30. INFORMANT—NAME: Dolores Zschomler
31. MAILING ADDRESS—STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: 2000 Harney St Vancouver WA 98660

DISPOSITION

32. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL
33. DATE (Mo., Day, Yr): Sept 25 1993
34. CEMETERY/CREMATORY—NAME: Stevenson Cemetery
35. LOCATION—CITY/TOWN, STATE: Stevenson WA
36. FUNERAL DIR. OR SIGNATURE: X [signature]
37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X Robert N. Fisher M.D
40. DATE SIGNED (Mo., Day, Yr): 9/27/93
41. HOUR OF DEATH (24 Hrs.): 1300
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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 WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X
44. DATE SIGNED (Mo., Day, Yr):
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD (Mo., Day, Yr):
47. HOUR PRONOUNCED DEAD (24 Hrs.):

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert Fisher, M.D. 700 NE 87th Vancouver, WA 98664
49. CORONER FILE NUMBER:

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death)
A. Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: OCT 28 1993
DUE TO, OR AS A CONSEQUENCE OF:
B. severe aortic stenosis — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: COPD / Emphysema
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC. / SUICIDE / HOM. / 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. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR'S SIGNATURE: X [signature] Registrar
63. DATE RECEIVED (Mo., Day, Yr): OCT 0 5 1993

Registered
Indexed, Dir
Indirect
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FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev. 7/91) (formerly DSHS 9-110)
A

DOH 01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

REAL ESTATE EXCISE TAX
SKAMANIA COUNTY TREASURER

FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Assoc
Oct 27 4 52 PM '93
P. Lowry
AUDITOR
GARY M. OLSON