STATE OF WASHINGTON
DEPARTMENT OF HEALTH

30 120512
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. NAME (First, Middle, Last): Ray Woodrow Irwin
2. SEX (M/F): Male
3. DEATH DATE (Mo, Day, Yr): August 4 1994
4. AGE LAST BIRTHDAY (Yrs): 80
5. UNDER 1 YEAR: MOS / DAYS
6. UNDER 1 DAY: HOURS / MINS
7. BIRTHDATE (Mo, Day, Yr): Feb 10 1914
8. BIRTHPLACE (City, State or Foreign Country): New Meadows ID
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Stevenson
12. PLACE OF DEATH—CHECK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 RESIDENCE 2 IN TRANSPORT 3 ER/OUTPT 4 HOSP 5 NURSING HOME 6 OTHER PLACE): 71 McKinley Street
13. SMOKING IN LAST 15 YEARS? (Yes/No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Virginia L Kasper
16. SOCIAL SECURITY NO.: 542 01 9726
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+): 3
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Logging Contractor
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: 71 McKinley Street
23. CITY/TOWN, OR LOCATION: Stevenson
24. INSIDE CITY LIMITS? (Yes/No): Yes
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 58 yrs
26. STATE: Washington
27. ZIP CODE: 98648
28. FATHER'S NAME—FIRST, MIDDLE, LAST: Ira J Irwin
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Jennie Lee Yoakum
30. INFORMANT—NAME: Virginia Irwin
31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): POB 99 Stevenson WA 98648
32. BURIAL/CREMATION (Specify): Cremation
33. DATE (Mo, Day, Yr): August 5 1994
34. CEMETERY/CREMATORY—NAME: Win-quatt Crematory
35. LOCATION—CITY/TOWN, STATE: The Dalles OR
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672

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
40. DATE SIGNED (Mo, Day, Yr):
41. HOUR OF DEATH (24 Hrs):
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): D. C. Leong M.D.

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 [signature] County Coroner
44. DATE SIGNED (Mo, Day, Yr): August 25, 1994
45. HOUR OF DEATH (24 Hrs): 0740 AM
46. PRONOUNCED DEAD (Mo, Day, Yr): August 4, 1994
47. HOUR PRONOUNCED DEAD (24 Hrs): 0745
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Brad Andersen, Coroner, Skamania Co. Courthouse Stevenson, WA 98648
49. ME/CORONER FILE NUMBER: 94-017SK

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

IMMEDIATE CAUSE (Final disease or condition resulting in 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.

	Cause	Interval between onset and death
A.	Metastatic Colon Cancer w/Hepatocellular Carcinoma	Months 2 mo
B. DUE TO, OR AS A CONSEQUENCE OF	both of the above	2 mo-3 wks 4 days
C. DUE TO, OR AS A CONSEQUENCE OF		
D. DUE TO, OR AS A CONSEQUENCE OF		

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Leick
Sep 12 10 AM '94
[signature]
AUDITOR
GARY H. OLSON

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
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)

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR: X [signature] Steingart, MD
63. DATE RECEIVED (Mo, Day, Yr): August 25, 1994

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 8-158)

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DOH 01-003 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN THE CENTER FOR HEALTH STATISTICS CERTIFIED ... THE OFFICIAL SEAL

CERTIFIED

AUG 25 1994

[signature]
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

BB148719