

CERTIFICATE OF DEATH

● 歡迎各界人士踴躍投稿

1. NAME (Last, first, middle) Melbourne Eugene STEWART		3. SEX (M/F) Male		2. DEATH DATE (Mo, Day, Yr) February 6 1995	
4. AGE LAST BIRTHDAY (Mo, Day, Yr) 63		7. BIRTHPLACE (City, State, Country) Carson ID		8. WED DECEDENT'S BORN (Mo, Day, Yr) Feb 1932	
11. CITY, TOWN OR LOCATION OF DEATH Carson		12. PLACE OF DEATH—BENEFIT FOR PLACE (If not care, address or institution name) Boyer's Foster Home		13. INDEED IN LAST 12 MONTHS (Yes/No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wid, give previous name) Verna Blake		16. SOCIAL SECURITY NO. 534 01 4518	
17. DECEASED'S EDUCATION (Specify only highest grade completed) 12		18. DECEASED'S OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		19. RACE (Specify) White	
20. RESIDENCE—NUMBER AND STREET 280R Loop Rd		21. CITY/TOWN OR LOCATION Stevenson		22. STATE Washington	
23. ZIP CODE 98648		24. DEATH DATE (Mo, Day, Yr) Feb 10 1995		25. CEMETERY/CREMATORIUM—NAME Wind River Cemetery	
26. FATHER'S NAME—FIRST, MIDDLE, LAST Robert Stewart		27. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE Lillian Yearian		28. DEATH DATE (Mo, Day, Yr) Feb 10 1995	
29. DEATH DATE (Mo, Day, Yr) Feb 10 1995		30. NAME OF DEATH GARDNER FUNERAL HOME INC.		31. WHITE SALMON WA 98672	
32. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. Signature and Title County Coroner		33. ON THE BASIS OF EXAMINATION AND/OR OBSERVATION, I DO OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. Signature and Title County Coroner		34. DEATH DATE (Mo, Day, Yr) February 6, 1995	
35. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Bradley Andersen Cor Skamania Co Courthouse Stevenson WA		36. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Bradley Andersen Cor Skamania Co Courthouse Stevenson WA		37. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH CORONARY THROMBOSIS	
38. INTERNAL BETWEEN ONSET AND DEATH Undetermined		39. INTERNAL BETWEEN ONSET AND DEATH Undetermined		40. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
41. INTERNAL BETWEEN ONSET AND DEATH Undetermined		42. INTERNAL BETWEEN ONSET AND DEATH Undetermined		43. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
44. INTERNAL BETWEEN ONSET AND DEATH Undetermined		45. INTERNAL BETWEEN ONSET AND DEATH Undetermined		46. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
47. INTERNAL BETWEEN ONSET AND DEATH Undetermined		48. INTERNAL BETWEEN ONSET AND DEATH Undetermined		49. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
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71. INTERNAL BETWEEN ONSET AND DEATH Undetermined		72. INTERNAL BETWEEN ONSET AND DEATH Undetermined		73. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
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83. INTERNAL BETWEEN ONSET AND DEATH Undetermined		84. INTERNAL BETWEEN ONSET AND DEATH Undetermined		85. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
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89. INTERNAL BETWEEN ONSET AND DEATH Undetermined		90. INTERNAL BETWEEN ONSET AND DEATH Undetermined		91. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
92. INTERNAL BETWEEN ONSET AND DEATH Undetermined		93. INTERNAL BETWEEN ONSET AND DEATH Undetermined		94. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
95. INTERNAL BETWEEN ONSET AND DEATH Undetermined		96. INTERNAL BETWEEN ONSET AND DEATH Undetermined		97. INTERNAL BETWEEN ONSET AND DEATH Undetermined	
98. INTERNAL BETWEEN ONSET AND DEATH Undetermined		99. INTERNAL BETWEEN ONSET AND DEATH Undetermined		100. INTERNAL BETWEEN ONSET AND DEATH Undetermined	

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CERTIFIED

FEB 14 1995

Dr. Karen Sturgart
Health District Officer
S.W. Wash. Health Dist

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