STATE OF WASHINGTON
DEPARTMENT OF HEALTH

VITAL RECORDS

6 — LOCAL FILE NUMBER 122494

CERTIFICATE OF DEATH

BOOK 150 PAGE 389

1. NAME—FIRST, MIDDLE, LAST: Clarence Owen FRITZ
2. SEX: Male
3. DEATH DATE (Mo., Day, Yr.): 4-23-1991
146 — STATE FILE NUMBER
4. AGE LAST BIRTHDAY (Years): 72
5. UNDER 1 YEAR: Days / Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): 11-3-1918
7. BIRTHPLACE (City, State or Country): Kansas
8. CITIZEN OF WHAT COUNTRY?: U.S.A.
9. COUNTY OF DEATH: Skamania
10. CITY, TOWN OR LOCATION OF DEATH: Skamania
11. PLACE OF DEATH — Check the place that best describes the location where death occurred: 1 Hospital 2 City Emergency 3 Dead on Arrival 4 Clinic 5 Nursing Home 6 Residence 7 Other Place
12. Address in Large Town or Rural Area: 0.44E Skamania Landing Road
13. Inside City Limits?: Unknown
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, Separated: Married
15. SURVIVING SPOUSE (If wife, give maiden name): Katie L. McDole
16. WAS VETERAN (Yes, No, Unknown): Yes
17. SOCIAL SECURITY NO.: 514-07-1427
18. HIGH SCHOOL GRADUATE (Yes, No, Unknown): Yes
19. USUAL OCCUPATION (Give kind of work, even during most of working life, not just last job): Sales Representative
20. KIND OF BUSINESS OR INDUSTRY: Frigidaire
21. Was Deceased of Hispanic Origin or Ancestry? (Specify Yes or No. Is this person Cuban, Mexican, Puerto Rican, etc.): 1 Yes 2 No
22. RACE (One Race Only: Asian, Black, Pacific Islander, Ind., Hispanic, etc.): White
23. RESIDENCE — NUMBER AND STREET: 0.44E Skamania Landing Road
24. CITY/TOWN, OR LOCATION: Skamania
25. INSIDE CITY LIMITS?: No
26. COUNTY: Skamania
27. STATE: Washington
28. ZIP CODE: 98648
29. FATHER'S NAME—FIRST, MIDDLE, LAST: Paul W. Fritz
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Myrtle Grandfield
31. INFORMANT—NAME: Dolores Fritz
32. MAILING ADDRESS — STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 0.44E Skamania Landing Road Skamania, Washington 98648
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
34. DATE (Mo., Day, Yr.): 4-30-1991
35. CEMETERY/CREMATORY—NAME: Park Hill Crematory
36. LOCATION—CITY/TOWN, STATE: Vancouver, Washington
37. FUNERAL DIRECTOR: Donald Brown
38. NAME OF FACILITY: Brown's Funeral Home
39. 410 NE Garfield Street, Camas, Washington 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: Robert K. Leick, County Coroner
42. DATE SIGNED (Mo., Day, Yr.): April 29, 1991
43. HOUR OF DEATH: 1143
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
45. PRONOUNCED DEAD (Mo., Day, Yr.): April 23, 1991
46. HOUR PRONOUNCED DEAD: 1226
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): ROBERT K. LEICK, Co. Coroner, P.O. Box 790, Stevenson, WA 98648

48. PART I. ENTER THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED THE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Consequently list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(a) Coronary Occlusion — Interval between onset and death: Immediate
Due to, or as a consequence of:
(b)
Due to, or as a consequence of:
(c)
(d)

FILED FOR RECORD
SKAMANIA CO. WASH
BY [illegible] 1991
Jun 6 11 PM '95
[illegible] Deputy
AUDITOR

49. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes, No): No
51. ACC., HOMICIDE, NO. UNDET., OR PENDING INVEST. (Specify): Natural
52. INJURY DATE (Mo., Day, Yr.)
53. HOUR OF INJURY
54. DESCRIBE HOW INJURY OCCURRED: CARY H. OLSON
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

58. CERTIFIER (Signature, Title): X Karen Steingart, M.D.
59. DATE RECEIVED (Mo., Day, Yr.): April 29, 1991

DOH 110-008 (Rev. 8/88) (formerly [illegible])

17407
REAL ESTATE EXCISE TAX
JUN 07 1995
SKAMANIA COUNTY TREASURER

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

Indexed, Dir
Indirect
Filmed
Mailed
Verified
6-6-95

DOH 01-003 (7/91)