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15
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE PH. EXAMINED

1. NAME Arvid Warren LAMB		2. SEX (M/F) Male		3. DEATH DATE (Mo. Day, Yr) May 26 1995	
4. AGE AT DEATH 87	5. MONTHS/YEAR ME	6. UNDER 1 DAY NO	7. DEATH DATE (Mo. Day, Yr) Aug 18 1927	8. BIRTHPLACE Carson WA	9. WAS DECEASED EVER IN U.S. ARMED FORCES (Yea / No) No
10. CITY/TOWN OR LOCATION OF DEATH Carson		11. PLACE OF DEATH - IN BOX, FOR PL. TOWN GIVE ADDRESS OR MORTUARY NAME 82 Ann Road		12. COUNTY OF DEATH Skamania	
13. HOSPITAL STATUS - CHECK PRIVATE AND UNKNOWN DECEASED UNKNOWN		14. EMPLOYER'S NAME IF WORKING, ELSE DO NOT USE POSITION Married		15. SOCIAL SECURITY NO. 535 20 6014	
16. OCCUPATION (NAME AND NATURE OF WORK) SOMEONE WHO IS WORKING DO NOT USE POSITION Grader Operator		17. KIND OF BUSINESS OR INDUSTRY Road Construction		18. PLACE OF DEATH OR DECEASED (ADDRESS/NAME OF FUNERAL HOME)	
19. RESIDENCE - NUMBER AND STREET 82 Ann Road		20. CITY/TOWN OR LOCATION Carson	21. PLACE OF DEATH CITY/TOWN/COUNTY No Skamania	22. LENGTH OF RESIDENCE PERIOD IN CO. 152 yrs	23. ZIP CODE Washington 98610
24. FATHER'S NAME - FIRST, MIDDLE, LAST John Charles Lamb		25. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME Ardella Faye Hogberg			
26. MERCHANT'S NAME Bonnie Lamb		27. MAILING ADDRESS 82 Ann Road Carson WA 98610			
28. BURIAL INFORMATION CYANHORST 6/26/95		29. CEMETERY/CHAMBERY - NAME Win-quatt Crematory		30. LOCATION - CITY/TOWN, STATE The Dells OR	
31. SIGNATURE AND TITLE <i>T. J. Dickie</i>		32. NAME OF FACILITY GARDNER FUNERAL HOME INC.		33. ADDRESS OF AGENT P.O. Box 380 WHITE SALMON WA 98672	
34. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 35. THE TIME, PLACE OF DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE STATED SIGNATURE AND TITLE X RKA. SB				36. ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE	
37. DATE SIGNED (Mo. Day, Yr) 6-5-95	38. HOUR OF DEATH (IN hrs) 0545	39. DATE SIGNED (Mo. Day, Yr)	40. HOUR OF DEATH (IN hrs)		
41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) David Smith, MD		42. PRONOUNCED DEAD (Mo. Day, Yr) 700 NE 87th Ave Vancouver WA 98661		43. AUTOPHYSICIAN FILE NUMBER	
44. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH DISEASE/CAUSE (Type or Print) Small Cell Lung Ca					
45. DUE TO, OR AS A CONSEQUENCE OF: A		46. DUE TO, OR AS A CONSEQUENCE OF: B		47. DUE TO, OR AS A CONSEQUENCE OF: C	
48. DUE TO, OR AS A CONSEQUENCE OF: D					
49. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT PREDOMINANTLY THE UNDERLYING CAUSE GIVEN ABOVE				50. AUTOPHYSICIAN FILE NUMBER NO	51. WAS NAME REFERRED TO MEDICAL EXAMINER OR CORONER (Yea / No) Yes
52. PLACE OF BURIAL - AT HOME, IN CEMET., CR. FUND., OR C. (TYPE OR PRINT)	53. BURIAL DATE (Mo. Day, Yr) 7/1/95	54. HOUR OF BURIAL 04:00	55. PLACE WHERE BODY OCCURRED AT HOME		
56. INJURY AT WORK (Yea / No)	57. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (TYPE OR PRINT)	58. DATE RECEIVED (Mo. Day, Yr)			
59. RECORD AMENDMENT (TYPE OR PRINT) FIRS REMOVED REMOVED	60. REVIEWED BY (TYPE OR PRINT)	61. REVIEWED DATE (TYPE OR PRINT)	62. DATE RECEIVED (Mo. Day, Yr) June 9, 1995		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK



DOH 110-006 (Rev. 2/81) Herkey DBHS 9-185

DOH 01-003 (5/83)

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State Health Dept. Bldg.
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