STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

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15
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First: Arvid	Middle: Warren	Last: LAMB	2. SEX (M / F): Male	3. DEATH DATE (Mo, Day, Yr): May 28 1995
4. AGE-LAST BIRTHDAY (Years): 67	7. BIRTHDATE (Mo, Day, Yr): Aug 18 1927	8. BIRTHPLACE (City, State or Foreign Country): Lincoln WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Carson	12. PLACE OF DEATH: 82 Ann Road		13. INSIDE CITY LIMITS?	15. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS: Married	15. SURVIVING SPOUSE (If wife, give maiden name): Bonnie Marie Acker	16. SOCIAL SECURITY NO: 535 20 6014	17. DECEDENT'S EDUCATION (Elementary/Secondary 0-12): 9	College (1-4 or 5+):
18. USUAL OCCUPATION: Grader Operator	19. KIND OF BUSINESS OR INDUSTRY: Road Construction	20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify: No		21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 82 Ann Road	23. CITY/TOWN OR LOCATION: Carson	24. INSIDE CITY LIMITS? (Yes / No): No	25a. COUNTY: Skamania 25b. LENGTH OF RES. IN CO.: 52 yrs	26. STATE: Washington 27. ZIP CODE: 98610
28. FATHER'S NAME—FIRST, MIDDLE, LAST: John Charles Lamb		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Ardella Faye Hogberg		
30. INFORMANT—NAME: Bonnie Lamb	31. MAILING ADDRESS: 82 Ann Road Carson WA 98610			
32. BURIAL, CREMATION, REMOVAL, OTHER: Cremation	33. DATE (Mo, Day, Yr): 5/26/95	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 RBA. SB
40. DATE SIGNED (Mo, Day, Yr): 6-5-95
41. HOUR OF DEATH (24 Hrs): 0545
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): David Smith, MD 700 NE 87th Ave Vancouver WA 98661
49. ME/CORONER FILE NUMBER:

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

		Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. Small Cell Lung CA	18 mo
DUE TO, OR AS A CONSEQUENCE OF:	B.	
DUE TO, OR AS A CONSEQUENCE OF:	C.	
DUE TO, OR AS A CONSEQUENCE OF:	D.	

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.
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 / SHOULD READ / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: x [signature], MD
63. DATE RECEIVED (Mo, Day, Yr): June 9, 1995

FOR INSTRUCTIONS SEE BACK AND HANDBOOK
DOH 110-003 (Rev. 7/91) (formerly DSHS 9-155)
DOH 01-003 (5/93)

THE STATE OF WASHINGTON 1889 (seal)

JUN 9 1995

[signature]
Dr. Gina [illegible]
Health Officer
SW Wash. Health Dist.

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