

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123522

BOOK 152 PAGE 456

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

DECEASED—NAME: JOSEPH SZYDLO
SEX: Male
DATE OF BIRTH: May 13, 1978
RACE: White
AGE: 90
DATE OF DEATH: 8-15-1987
COUNTY OF DEATH: Clark
CITY, TOWN, OR LOCATION OF DEATH: Camas
HOSPITAL OR OTHER INSTITUTION: Highland Terrace Nursing Home
STATE OF BIRTH: Austria-Hungary
CITIZEN OF WHAT COUNTRY: U.S.A.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
SURVIVING SPOUSE: None
SOCIAL SECURITY NUMBER: 534-38-2637
USUAL OCCUPATION: Farmer
KIND OF BUSINESS OR INDUSTRY: Chicken Farmer
RESIDENCE—STATE: Washington
COUNTY: Skamania
CITY, TOWN, OR LOCATION: Carson
STREET AND NUMBER: Star Route
FATHER—NAME: Frank Szydlo
MOTHER—NAME: Koot, Elizabeth Szydlo
INFORMANT—NAME: Wanda Martell
MAILING ADDRESS: P.O. Box 186 Sebastian, Florida 32958
DEATH WAS CAUSED BY: (a) pneumonia congestive heart failure 12 hours
(b) pneumonia 12 hours
(c) chronic obstructive pulmonary disease several years
OTHER SIGNIFICANT CONDITIONS: COLLATIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (2)
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
DATE OF INJURY: MONTH, DAY, YEAR
HOW INJURY OCCURRED: (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO):
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY):
LOCATION: (CITY OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—
I, ATTENDING PHYSICIAN, DO hereby certify that the above is a true and correct statement of the facts as to the death of the deceased.
I, CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR ON THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND AT THE PLACE AND BY THE CAUSE(S) STATED.
CERTIFIER—NAME (TV OR PRINT): JOHN BARTON, JR. M.D.
SIGNATURE: [Signature]
MAILING ADDRESS—CERTIFIER: 327 N.E. 5th
CITY OR TOWN: Camas, Washington
STATE: 98607
BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
CEMETERY OR CREMATORY—NAME: Carson Cemetery
LOCATION: Carson, Washington
DATE: May 16, 1978
FUNERAL HOME—NAME AND ADDRESS: GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672
FUNERAL CHARGES—SIGNATURE: [Signature]
REGISTRAR—SIGNATURE: [Signature]
DATE RECEIVED BY LOCAL REGISTRAR: 5-18-78

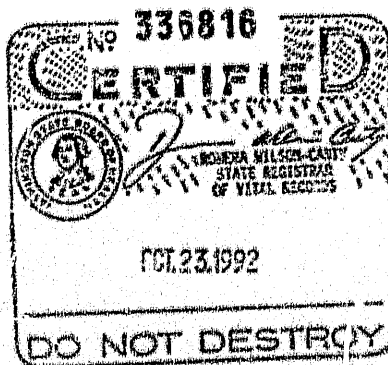
FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Oct 13 12 06 PM '95
AUDITOR
GARY M. OLSON

Registered
Indexed, Dir
Indirect
Filed
Mailed

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL



STATE OF WASHINGTON DEPARTMENT OF HEALTH

123522

BOOK 152 PAGE 956

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OR PRINT IN
PERMANENT INK

D-1

LOCAL FILE NUMBER

81D

STATE FILE NUMBER 0005

DECEASED—NAME 1. JOSEPH SZYDLO		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. May 13, 1978
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) 4. White	AGE—LAST BIRTHDAY (YEARS) 5. 90	DATE OF BIRTH (MONTH, DAY, YEAR) 6. 8-15-1887	COUNTY OF DEATH 7. Clark
CITY, TOWN, OR LOCATION OF DEATH 8. Camas		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN LINES, GIVE STREET AND NUMBER) 9. Highland Terrace Nursing Home	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 10. Austria-Hungary, U.S.A.		SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) 11. None	
SOCIAL SECURITY NUMBER 12. 534-38-2637		KIND OF BUSINESS OR INDUSTRY 13. Chicken Farmer	
RESIDENCE—STATE 14. Washington	COUNTY 15. Skamania	CITY, TOWN, OR LOCATION 16. Carson	STREET AND NUMBER 17. Star Route
FATHER—NAME 18. Frank -- Szydlo		MOTHER—MARRIAGE NAME 19. Koot, Elizabeth -- Szydlo	
INFORMANT—NAME 20. Wanda Martell		MAILING ADDRESS 21. P.O. Box 186 Sebastian, Florida 32958	
PART I. DEATH WAS CAUSED BY: (a) <i>pneumonia congestive heart failure</i> 12 hours (b) <i>pneumonia</i> 12 hours (c) <i>chronic obstructive pulmonary disease</i> SEVERAL YEARS			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (23) 24. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 25. DATE OF INJURY (MONTH, DAY, YEAR) 26. HOUR 27. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, (23A) 22.) 28. INJURY AT WORK (SPECIFY YES OR NO) 29. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 30. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 31. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21. 5 13 78 TO 22. 5 12 78. I DID NOT SEE HIM/HER ALIVE ON 23. 5 13 78. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 32. CERTIFIER—NAME (TYPE OR PRINT) 33. JOHN S. BARTON, JR. M.D. 34. SIGNATURE 35. 327 N.E. 5th 36. Camas, Washington 37. 98607 38. DATE 39. May 16, 1978 40. GARNER FUNERAL HOME, INC. White Salmon, Wn. 98672 41. FUNERAL DIRECTOR—SIGNATURE 42. <i>Rachampay</i> 43. DATE RECEIVED BY LOCAL REGISTRAR 44. 5-18-78			

DOHS 9-181 (4-73) (HEA 67) (Formerly S.F. 8191)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

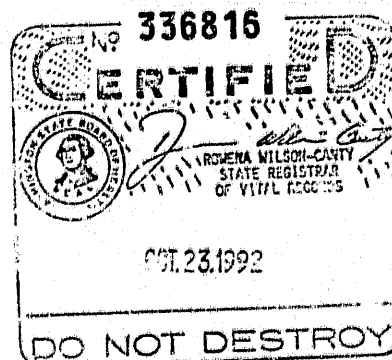
Oct 13 12 06 PM '95

P. Olsson
AUDITOR
GARY M. OLSON

Registered ☒
Indexed ☒
Filed ☒
Mailed ☒

DOH 01-003 (7/89)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE ORIGINAL SEAL



298317 H