STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123523

BOOK 152 PAGE 956

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

OR PRINT IN PERMANENT INK — D-1 — LOCAL FILE NUMBER 81D

CERTIFICATE OF DEATH

STATE FILE NUMBER # 000[illegible]

DECEASED

1. DECEASED—NAME (FIRST, MIDDLE, LAST): JOSEPH SZYDLO	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): May 13, 1978			
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.): White	5a. AGE—LAST BIRTHDAY (YEARS): 90	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MINS.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 8-15-1887	7. COUNTY OF DEATH: Clark
8. CITY, TOWN, OR LOCATION OF DEATH: Camas	9. WITHIN CITY LIMITS (SPECIFY YES OR NO): Yes	10. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Highland Terrace Nursing Home			
11. STATE OF BIRTH (IF NOT IN U.S.A., GIVE COUNTRY): Austria-Hungary	12. CITIZEN OF WHAT COUNTRY: U.S.A.	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed	14. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): None		
15. SOCIAL SECURITY NUMBER: 534-38-2637	16. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Farmer 306	17. KIND OF BUSINESS OR INDUSTRY: Chicken Farmer			
18. RESIDENCE—STATE: Washington	18a. COUNTY: Skamania	18b. CITY, TOWN, OR LOCATION: Carson	18c. INSIDE CITY LIMITS (SPECIFY YES OR NO): No	18d. STREET AND NUMBER: Star Route	

PARENTS

19. FATHER—NAME (FIRST, MIDDLE, LAST): Frank --- Szydlo	20. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Koot, Elizabeth --- Szydlo

INFORMANT

21a. INFORMANT—NAME: Wanda Martell	21b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P.O. Box 186 Sebastian, Florida 32958

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
22. IMMEDIATE CAUSE	(a) Pneumonia Congestive heart failure	12 hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) Pneumonia	12 hours
	(c) Chronic obstructive pulmonary disease	several years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

23. AUTOPSY (YES OR NO): No	24. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

25a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	25b. DATE OF INJURY (MONTH, DAY, YEAR)	25c. HOUR	25d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 22)
26a. INJURY AT WORK (SPECIFY YES OR NO)	26b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY)	26c. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

CERTIFIER

27a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	27b. TO (MONTH, DAY, YEAR): 5 13 78	28a. I SAW THE DECEASED ALIVE ON (MONTH, DAY, YEAR): 5 12 78	28b. I SAW THE BODY AFTER DEATH	28c. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): 12:53 M.	
29a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	29b. HOUR OF DEATH	29c. THE DECEDENT WAS PRONOUNCED DEAD (MONTH): 5	(DAY): 13	(YEAR): 78	(HOUR): 12 53 P.M.
30a. CERTIFIER—NAME (TYPE OR PRINT): JOHN T. BARTON, JR M.D.	30b. SIGNATURE: J.T. Barton Jr M.D.	30c. DEGREE OR TITLE	30d. DATE SIGNED (MONTH, DAY, YEAR): 5 16 78		
31. MAILING ADDRESS—CERTIFIER: 327 N.E. 56th	CITY OR TOWN: Camas,	STATE: Washington	ZIP: 98607		

32a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	32b. CEMETERY OR CREMATORY—NAME: Carson Cemetery	32c. LOCATION—CITY OR TOWN: Carson,	STATE: Washington
33. DATE (MONTH, DAY, YEAR): May 16, 1978	34. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672		
35. FUNERAL DIRECTOR—SIGNATURE: [illegible]	36. REGISTRAR—SIGNATURE: [illegible]	37. DATE RECEIVED BY LOCAL REGISTRAR: 5-18-78	

DSHS 9-181 (6-73) (HEA 67) (Formally S.F. 8191).

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

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OF VITAL RECORDS

OCT 23 1992

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

123522 BOOK 152 PAGE 956

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

OR PRINT IN AMENT INK D-1 LOCAL FILE NUMBER 81D

CERTIFICATE OF DEATH

STATE FILE NUMBER # 000-

DECEASED—NAME (FIRST, MIDDLE, LAST)	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOSEPH -- SZYDLO	2. Male	3. May 13, 1978

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR: MOS. / DAYS	UNDER 1 DAY: HOURS / MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White	5a. 90	5b.	5c.	6. 8-15-1887	7a. Clark

CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Camas	7c. Yes	7d. Highland Terrace Nursing Home

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Austria-Hungary	9. U.S.A.	10. Widowed	11. None

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 534-38-2637	13a. Farmer 20 yrs	13b. Chicken Farmer

RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Washington	14b. Skamania	14c. Carson	14d. No	14e. Star Route

PARENTS	FATHER—NAME (FIRST, MIDDLE, LAST)	MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST)
	15. Frank -- Szydlo	16. Koot, Elizabeth -- Szydlo

INFORMANT—NAME	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
17a. Wanda Martell	17b. P.O. Box 186 Sebastian, Florida 32958

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE	(a) Pneumonia congestive heart failure	12 hours
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(b) Pneumonia	12 hours
	(c) Chronic obstructive pulmonary disease	several years

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
19a. No	19b.

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c. A.M. P.M.	20d.

INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
20e.	20f.	20g.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.	21b. 5 13 78	21c. 5 12 78	21d.	21e. 12:53 A.M.

CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR)	HOUR
22a.		22b. 5 13 78	A.M. 12 53 P.M.

CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. JOHN S. BARTON, JR. M.D.	23b. J. Barton	MD	23c. 5 16 78

MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23d. 327 N.E. 5th Camas, Washington 98607

FINAL

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. Carson Cemetery	24c. Carson, Washington

DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
24d. May 16, 1978	24e. GARDNER FUNERAL HOME, INC. White Salmon, Wn. 98672

FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25a. [signature]	25b. [signature]	25c. 5-18-78

DOHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8191).

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

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