STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

125808 — LOCAL FILE NUMBER

Health

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STATE FILE NUMBER

USE ONLY — DISTRICT — COPIES 6 — HOSPITAL — OCCURRENCE — RESIDENCE — TRACT — OCCUPATION

1. NAME (First / Middle / Last)	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
Frederick Porter COTANT	Male	June 24, 1996

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
83			5/29/1913	Rockland, ID	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—MARK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTH 4 ☐ HOSP. 5 ☐ NURSING HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Carson	22 Fremma Road	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)
married	Emma Amelia Allen	[redacted]	12

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Planer Foreman	Lumber Mill	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
22 Fremma Road	Carson	No	Skamania	30 yrs	WA	98610

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Benjamin Bernsel Cotant	Pauline E. Schiewe

30. INFORMANT—NAME	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Emma Cotant	P.O. Box 609 Carson, WA 98610

32. BURIAL/CREMATION/REMOVAL/OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Cremation	6/25/96	Wintquatt Crematory	The Dalles, OR

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X K. L. Gardner	GARDNER FUNERAL HOME, INC.	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

40. DATE SIGNED (Mo, Day, Yr): 6/25/96
41. HOUR OF DEATH (24 Hrs.): 1415
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Gary R. Barker M.D

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. ME/CORONER FILE NUMBER
43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gary Gingrich, M.D. 1815 E. 19th Suite 2 The Dalles, OR 97058

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

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

		INTERVAL BETWEEN ONSET AND DEATH
A.		
DUE TO, OR AS A CONSEQUENCE OF: B.		
DUE TO, OR AS A CONSEQUENCE OF: C.		
DUE TO, OR AS A CONSEQUENCE OF: D.		

FILED FOR RECORD
SKAMANIA CO. WASH
BY Emma Cotant
Jun 27 10 15 AM '96
AUDITOR
CARY H. OLSON

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
			Indexed, Dir ✓ Indirect ✓ Filmed Mailed

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

63. DATE RECEIVED (Mo., Day, Yr.): JUN 28 1996

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-076 (Rev. 7/91) (formerly DSHS 9-150)
A DOH 01-003 (8/95)

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