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

CERTIFICATE OF DEATH

D-2 LOCAL FILE NUMBER 5-D 68459 959661 STATE FILE NUMBER

TYPE, OR PRINT IN PERMANENT INK

DECEASED—NAME FIRST MIDDLE LAST: 1. Earl Everett Knapp 959807
SEX: 2. Male
DATE OF DEATH (MONTH, DAY, YEAR): 3. April 6, 1975
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): 4. White
AGE—LAST BIRTHDAY (YEARS): 5a. 59
DATE OF BIRTH (MONTH, DAY, YEAR): 6. 9-28-1915
COUNTY OF DEATH: 7a. Skamania
CITY, TOWN, OR LOCATION OF DEATH: 7b. Washougal
INSIDE CITY LIMITS (SPECIFY YES OR NO): No
HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Route 2, Box 1680
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): 8. Washington
CITIZEN OF WHAT COUNTRY: USA
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Bernice Scott
SOCIAL SECURITY NUMBER: [redacted]
USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Forestry Farmer
KIND OF BUSINESS OR INDUSTRY: 15b. Timber (self-employed)
RESIDENCE—STATE: 16a. Wn.
COUNTY: 16b. Pierce
CITY, TOWN, OR LOCATION: 16c. Gig Harbor
INSIDE CITY LIMITS (SPECIFY YES OR NO): 16d. NO
STREET AND NUMBER: 16e. 14119 - 67th Ave NW

FATHER—NAME FIRST MIDDLE LAST: 17. Earl Horace Knapp
MOTHER—MAIDEN NAME FIRST MIDDLE LAST: 18. Lily M. Forsberg

INFORMANT—NAME: 19a. Bernice Knapp
MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 19b. 14119 - 67th Ave. NW Gig Harbor 98335

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Coronary Occlusion — Immediate
DUE TO, OR AS A CONSEQUENCE OF: (b)
DUE TO, OR AS A CONSEQUENCE OF: (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
AUTOPSY (YES OR NO): 19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY): 20a. Natural Cause
DATE OF INJURY (MONTH, DAY, YEAR): April 6, 1975
HOUR: 20c. 8:15p. M.
HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18): 20d. Coronary Occlusion
INJURY AT WORK (SPECIFY YES OR NO): 20e. No
PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY): 20f. Residence
LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 20g. Rt. 2, Box 1602, Washougal, Wn.

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH DAY YEAR) TO (MONTH DAY YEAR) 21a.
AND LAST SAW HIM/HER ALIVE ON (MONTH DAY YEAR) 21c.
I DID/DID NOT VIEW THE BODY AFTER DEATH 21d.
DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. HOUR 21e. 8:15p. 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
22a. HOUR OF DEATH: 8:15 p. M.
THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR: April 6, 1975 HOUR 9:10 p. M.
CERTIFIER—NAME (TYPE OR PRINT): ROBERT K. LEICK
SIGNATURE: [signature]
DEGREE OR TITLE: Coroner
DATE SIGNED (MONTH, DAY, YEAR): 23. April 10, 1975
MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO.: 24. Courthouse Bldg.
CITY OR TOWN: Stevenson,
STATE: WA.
ZIP: 98648

BURIAL, CREMATION, REMOVAL (SPECIFY): 25a. Burial
CEMETERY OR CREMATORY—NAME: 25b. Haven of Rest Mem. Park
LOCATION CITY OR TOWN STATE: 25c. Gig Harbor, Washington
DATE (MONTH, DAY, YEAR): 25d. April 10, 1975
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 26. Straub's Funeral Home 523 NE 3rd Ave Camas Wn. 98607
FUNERAL DIRECTOR—SIGNATURE: 26b. Jack Straub
REGISTRAR—SIGNATURE: 26a. D. A. Champaign, M.D.
DATE RECEIVED BY LOCAL REGISTRAR: 26b. April 10, 1975

DSHS 9-101 (R-73) (HEA 67) (Formerly S.F. 8191)

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the South West Washington Health District, Stevenson, Washington.

THURSTON COUNTY
OLYMPIA, WASH.
JUN 13 10 57 AM '75

Donald A. Champaign, M.D., M.P.H.
District Health Officer

APR 10 1975
G. B. ... AUDITOR
... DEPUTY

By [signature]
(clerk)

RECEIVED
SKAMANIA COUNTY
AUDITOR
STEVENSON WASH

6286

REEL 71 FR 14

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