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Walla Walla County-City Health Dept.
Walla Walla, Washington

BOOK J PAGE 590

Certified Copy of Death Certificate

The original certificate of death from which this certified copy has been made will be permanently filed with the Washington State Department of Health. Additional certified copies may be secured from: Bureau of Vital Statistics, Washington State Department of Health, Olympia, Washington

Dist. No. D-1

Registrar's No. 310

1. DECEASED—NAME: GEORGE S. HUFFMAN
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): July 19, 1975
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5a. AGE—LAST BIRTHDAY (YEARS): 67
5b. UNDER 1 YEAR—MONTHS: 4
5c. UNDER 1 DAY—HOURS: 5
5d. UNDER 1 DAY—MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): 3-10-1908
7. COUNTY OF DEATH: Walla Walla
7a. CITY, TOWN, OR LOCATION OF DEATH: Walla Walla
7b. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. Mary Hospital, Walla Walla, Wash. 99362
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Wash.
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Virgie E. Adams
12. SOCIAL SECURITY NUMBER: [redacted]
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Natural Resources Forema...
13b. KIND OF BUSINESS OR INDUSTRY:
14. RESIDENCE—STATE: Wash.
15. COUNTY: Walla Walla
16. CITY, TOWN, OR LOCATION: College Place
17. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
18. STREET AND NUMBER: 423 S.W. 1st St.
19. FATHER—NAME (FIRST, MIDDLE, LAST): Otto Huffman
20. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Dora Allen
21. INFORMANT—NAME: Virgie Huffman
22. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 423 S.W. 1st. College Place, Wash. 99324

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

		APPROX. INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Adeno Carcinoma, prostate	3 yrs.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (b), STATING THE UNDERLYING CAUSE LAST (b)	DUE TO, OR AS A CONSEQUENCE OF:	
(c)	DUE TO, OR AS A CONSEQUENCE OF:	

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

RECEIVED JUL 1975 SKAMANIA COUNTY AUDITOR STEVENSON

23. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
24. DATE OF INJURY (MONTH, DAY, YEAR):
25. HOUR:
26. HOW INJURY OCCURRED:
27. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?
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, TOWN, STATE):

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 8-21-74 TO 7-19-75. I LAST SAW HER ALIVE ON 7-11-75. I DID/DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND AT THE HOUR STATED. TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

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. THE DECEDENT WAS PRONOUNCED DEAD ON THE DATE AT THE HOUR. NO. OF DEATH: Not

CERTIFIER—PRINT OR TYPE: Duane R. Hedine, M.D.
SIGNATURE: Duane R. Hedine, M.D.
DEGREE OR TITLE:
DATE SIGNED (MONTH, DAY, YEAR): 7-24-75
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Walla Walla Clinic, Box 1592, Walla Walla, Washington 99362

BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
CEMETERY OR CREMATORY—NAME: Mt. View Cemetery
LOCATION (CITY OR TOWN, STATE): S. 2nd, Walla Walla, Washington 99362
DATE (MONTH, DAY, YEAR): 7-22-75
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Jewitt Funeral Home, Inc. 20 E. Birch Walla Walla, Wash. 99362
FUNERAL DIRECTOR—SIGNATURE: R. W. Rosenkrans
REGISTRAR—SIGNATURE: B. Olesen, Deputy
DATE RECEIVED BY LOCAL REGISTRAR: 7-25-75

S. F. No. 1911—OS—3-67.

This is to certify that the foregoing is a true, full, and correct copy of the original certificate of death of GEORGE S. HUFFMAN temporarily on file in this office.

Kenneth E. Fry, M.D.
Health Officer and Registrar
By B. Olesen, Deputy
Walla Walla, Wash., July 25, 19 75