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CLERK & RECORDER

103053

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LOCAL FILE NUMBER

MONTANA

CERTIFICATE OF DEATH

BOOK 104 PAGE 959

STATE FILE NUMBER

DECEDENT

1. DECEDENT - NAME FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH (Mo., Day, Yr.)
PAUL	DREXEL	GOLLEHON	male	August 24, 1985

4. RACE-White, Black, American Indian, etc. (Specify)	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Mos. / Days	5c. UNDER 1 DAY Hours / Min	6. DATE OF BIRTH (Mo., Day, Yr.)	7a. COUNTY OF DEATH
white	76			December 12, 1908	Pondera

7b. CITY, TOWN, OR LOCATION OF DEATH	7c. HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number)	7d. IF HOSP. OR INST. Indicate DOA, OP/Emer. Rm., Inpatient (Specify)
Conrad	Pondera Pioneer Nursing Home	Inpatient

8. STATE OF BIRTH (If not in U.S.A., name country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)
Virginia	U.S.A.	married	Margaret Palin

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	13b. KIND OF BUSINESS OR INDUSTRY	14. WAS DECEDENT EVER IN U.S. ARMED FORCES (Specify Yes or No)
[redacted]	Farmer-self employed	Agriculture	no

Usual Residence Where Decedent Lived. If Death Occurred in Institution, Ent. Handbook

15a. RESIDENCE - STATE	15b. COUNTY	15c. CITY, TOWN, OR LOCATION	15d. INSIDE CITY LIMITS (Specify Yes or No)	15e. STREET AND NUMBER
Montana	Lake	Polson, rural	no	Finley Point,

PARENTS

16. FATHER - NAME FIRST	MIDDLE	LAST	17. MOTHER - MAIDEN NAME FIRST	MIDDLE	LAST
William	Clayborne	Gollehon	Mary		Durman

18a. INFORMANT - NAME (Type or Print)	18b. MAILING ADDRESS STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP
Margaret Gollehon	Finley Point, East Shore,	Polson,	MT	59860

DISPOSITION

19a. CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE
Hillside Cemetery		Conrad,	Montana

19c. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	20. MORTUARY OR OTHER - NAME AND ADDRESS
burial	Wyse Funeral Home, 408 S. Virginia, Conrad, MT 5942

21. DATE OF DISPOSITION (Month, Day, Year)	22. PERSON IN CHARGE OF DISPOSITION (Signature)	License Number
August 26, 1985	Ralph Tucker	#85

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN Only

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

(Signature and Title) Robert D. Dennison M.D.

To be Completed by CORONER Only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated

(Signature and Title)

23b. DATE SIGNED (Month, Day, Year)	23c. HOUR OF DEATH	24b. DATE SIGNED (Month, Day, Year)	24c. HOUR OF DEATH
24 Aug 85	8:53 A M		M

23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	24d. PRONOUNCED DEAD (Mo., Day, Yr.) ON	24e. PRONOUNCED DEAD (Hour) AT
CARL W. KOPLER M.D.		M

25. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)

Carley C. Robertson, M.D. Pondera Medical Clinic, Conrad, MT 59425

LOCAL REGISTRAR

26a. (Signature) [illegible]

26b. DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Yr.) August 26, 1985

CAUSE OF DEATH

Conditions If Any Which Gave Rise To Immediate Cause Stating The Underlying Cause Last

27. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I (a) Brain Stem Glioma — Interval between onset & death: no info

DUE TO, OR AS A CONSEQUENCE OF

(b) — Interval between onset & death

DUE TO, OR AS A CONSEQUENCE OF:

(c) — Interval between onset & death

PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in Part I(a)

28. AUTOPSY (Specify Yes or No)	29. WAS CASE REFERRED TO CORONER? (Specify Yes or No)
no	no

30a. ACCIDENT, SUICIDE, HOMICIDE, UNDET OR PENDING INVESTIGATION (Specify)	30b. DATE OF INJURY (Mo., Day, Yr.)	30c. HOUR OF INJURY	30d. DESCRIBE HOW INJURY OCCURRED
		M	

30e. INJURY AT WORK (Specify Yes or No)	30f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	30g. LOCATION: STREET OR R.F.D. NO.	CITY OR TOWN	STATE

Bureau of Records and Statistics, Montana Department of Health and Environmental Sciences
1978 Revision

4496
08.26.85

STATE OF MONTANA)
(ss
COUNTY OF PONDERA)

I hereby certify that the instrument to which this certificate is annexed, is a true, complete and correct copy of the original on file in my office

Witness my hand and seal of office this 26th day of August, 1985.

SEAL

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
APR 27 11 50 AM '87
A. Davis, Dep.
AUDITOR
GARY M. OLSON

Registered
[illegible]

Gladys Mattoon
Clerk & Recorder

Elsie Bowman
Deputy