115217 BOOK 132 PAGE 130

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

LOCAL FILE NUMBER 12

CERTIFICATE OF DEATH

STATE FILE NUMBER 146

DECEDENT

1. NAME — FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo. Day Yr.)
Clara Anna PEYROLLAZ	Female	25 May 1989

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo. Day Yr.)	8. BIRTH STATE (If not in USA give country)	9. CITIZEN OF WHAT COUNTRY	10. COUNTY OF DEATH
64			2/27/1925	Oregon	U.S.A.	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — Box for place then give address or institution name (1 Home 2 On transport 3 Dead on arrival 4 Hosp 5 Nsg. home 6 Other place)	13. SAILOR/MARINE LAST 15 YEARS? (Yes/No)
Carson	Wind River Highway X	No

14. MARITAL STATUS (Married, Never Married, Widowed, Divorced)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO.	18. HIGH SCHOOL GRADUATE? (Yes/No)
Married	John F. Peyrollaz	No	[redacted]	Yes

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS/INDUSTRY	21. Was Decedent of Hispanic Origin? (If yes, specify Yes, Mexican, Puerto Rican, Cuban, etc. 1 Yes 2 No)	22. RACE (White, Black, American Indian, Asian, Pacific Islander, etc. Specify)
Secretary	Public Schools	2 No	White

23. RESIDENCE — NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS?	26. COUNTY	27. STATE	28. ZIP CODE
MP 0.14L Cascade Terrace	Carson	No	Skamania	Washington	98610

PARENTS

29. FATHER'S NAME — FIRST, MIDDLE, LAST	30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Theothil - Binkele	Anna - Sturm

INFORMANT

31. INFORMANT — NAME	32. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP
John Peyrollaz	P.O. Box 188 Carson, WA 98610

DISPOSITION

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo. Day Yr.)	35. CEMETERY/CREMATORY — NAME	36. LOCATION — CITY/TOWN, STATE
Burial	6/1/89	Carson Cemetery	Carson, Washington

37. FUNERAL DIRECTOR — SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X R. P. Binnix	GARDNER FUNERAL HOME, INC.	Box 390 White Salmon, WA

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X

42. DATE SIGNED (Mo. Day Yr.)	43. HOUR OF DEATH (24 Hr.)

44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. 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
X Robert K. Leick, Coroner

42. DATE SIGNED (Mo. Day Yr.)	43. HOUR OF DEATH (24 Hr.)
June 5, 1989	1600

45. PRONOUNCED DEAD (Mo. Day Yr.)	46. HOUR PRONOUNCED DEAD (24 Hr.)
May 25, 1989	1800

47. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Robert K. Leick, Coroner, Skamania County Courthouse Stevenson, WA

CAUSE OF DEATH

48. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	a. Multiple Traumatic Injuries	Interval between onset and death: Immediate
	DUE TO, OR AS A CONSEQUENCE OF: b. Automobile Accident	Interval between onset and death:
	DUE TO, OR AS A CONSEQUENCE OF: c.	Interval between onset and death:

49. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	50. AUTOPSY? (Yes/No)	51. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
	Yes	Yes

INJURY

52. ACC. SUICIDE, HOMICIDE, UNDET., OR PENDING INVEST. (Specify)	53. INJURY DATE (Mo. Day Yr.)	54. HOUR OF INJURY (24 Hr.)	55. DESCRIBE HOW INJURY OCCURRED
Accident	May 25, 1989	1600	One Car Automobile Accident

56. INJURY AT WORK? (Yes/No)	57. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	58. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE
No	Wind River Highway	Carson, WA 98610

59. REGISTRAR'S SIGNATURE
X Karen Steingart, MD

60. DATE RECEIVED (Mo. Day Yr.)
June 8, 1989

DSHS 9-160 (Rev. 1-88) -1197-

015453
REAL ESTATE EXCISE TAX
JUN 8 1989
DEC 29 '92
exempt
SEAL

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, MD
Karen R. Steingart, M.D.
District Health Officer

DSHS 9-441A (11/85)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE IN VITAL RECORDS. CERTIFIED COPIES MUST BE ON THE OFFICIAL SEAL

LAD 12-29-92

FILED FOR RECORD
SKAMANIA CO. WASH
BY John Peyrollaz
DEC 29 3 09 PM '92
P. Lowry
DEPUTY
GARY M. OLSON