STATE OF WASHINGTON
CERTIFICATE OF DEATH

BOOK 135 PAGE 306

1	11623	Martin Oscar GROVE (Last)	2 Sex (M / F)	3 DEATH DATE (Mo Day Yr)	
			Male	April 26, 1993	
4 AGE LAST BIRTH DAY (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)
81			6/22/1911	Kathlamat, WA	No
10 COUNTY OF DEATH					
Klickitat					
11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 EMERG RM/OUTPTN 4 DOA 5 NURSE HOME 6 OTHER PLACE				13 SMOKED AT LEAST 15 YEARS? (Yes / No)
White Salmon	Skyline Hospital				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)		
Married	Ethel Jane Willbroad	[redacted]	Elementary, Secondary (0-12)	College (1-4 or 5+)	
			7		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS/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)		
Logger	Timber	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	
Box 154 Cook-Underwood	Underwood	No	Skamania	51yrs	WA	98651	
28 FATHER'S NAME - FIRST MIDDLE LAST			29 MOTHER'S NAME - FIRST MIDDLE MAIDEN SURNAME				
Edward - Grove			Annie - Unknown				
30 INFORMANT - NAME	31 MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP			
Bill Grove	P.O. Box 243	White Salmon, WA	98672				
32 BURIAL CREMATION REMOVAL OTHER (Specify)	33 DATE (Mo Day Yr)	34 CEMETERY/CREMATORY NAME	35 LOCATION - CITY/TOWN STATE				
Burial	4/30/93	White Salmon Cemetery	White Salmon, WA				
36 FUNERAL DIRECTOR SIGNATURE		37 NAME OF FACILITY	38 ADDRESS OF FACILITY				
X R. F. Gardner		GARDNER FUNERAL HOME, INC	Box 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 Ray FitzSimmons MD

40 DATE SIGNED (Mo Day Yr): 4-27-93

41 HOUR OF DEATH (24 Hrs): 0515

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

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 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Raymond FitzSimmons, M.D. Box 1519 White Salmon, WA 98672

49 MEDICORONER FILE NUMBER

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)	A MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH: Hours
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	DUE TO OR AS A CONSEQUENCE OF: B Atherosclerotic Vascular Disease	INTERVAL BETWEEN ONSET AND DEATH: Years
	DUE TO OR AS A CONSEQUENCE OF: C	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO OR AS A CONSEQUENCE OF: D	INTERVAL BETWEEN ONSET AND DEATH

51 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 AUTOPSY? (Yes / No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
No	No

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

58 INJURY AT WORK? (Yes / No)	59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC (Specify)	60 LOCATION—STREET OR RFD NO, CITY/TOWN STATE

61 RECORD AMENDMENT (Reg state use only) ITEM | DOCUMENTARY EVIDENCE | REGISTRAR | DATE

62 REGISTRAR SIGNATURE: Ray

63 DATE RECEIVED (Mo Day Yr): APR 28 1993

Registered
Indexed, Dir
Indirect
Filmed
Mailed

SEAL SOUTHWEST WASHINGTON HEALTH DISTRICT

SEAL OF THE STATE OF WASHINGTON 1889

Steingart, MD

J. R. STEINGART, M. D.
District Health Officer

DOH 01-003 (5/92)

(over)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 135 PAGE 306

116231 Martin Oscar GROVE

2 SEX (M or F)	3 DEATH DATE (Mo Day Yr)
Male	April 26, 1993

4 AGE LAST BIRTHDAY (Yrs)	5 UNDER 1 YEAR MOS	DAYS	6 UNDER 1 DAY HOURS	MINS
81				

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
6/22/1911	Kathlamat, WA	No	Klickitat

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (Check box for place then give address or institution name) 1 Home 2 En Transport 3 Emerg Room/ER 4 Dead 5 Nursing Home 6 Other Place	13 LIVED AND IN LAST 15 YEARS? (Yes/No)
White Salmon	Skyline Hospital	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	Ethel Jane Willbroad	[redacted]	7	

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Box 154 Cook-Underwood	Underwood	No	Skamania	51yrs	WA	98651

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Edward - Grove	Annie - Unknown

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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 Ray FitzSimmons MD

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49 CORONER FILE NUMBER

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		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A Myocardial Infarction	Hours
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Subsequently fatal conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	DUE TO, OR AS A CONSEQUENCE OF: B Atherosclerotic Vascular Disease	Years
	DUE TO, OR AS A CONSEQUENCE OF: C	
	DUE TO, OR AS A CONSEQUENCE OF: D	

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 AUTOPSY? (Yes/No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
No	No

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

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61 RECORD AMENDMENT (Flag with Date Only) ITEM | DOCUMENTARY EVIDENCE | REMARKS

62 REGISTRAR SIGNATURE: Karen Steingart

63 DATE RECEIVED (Mo. Day Yr): APR 28 1993

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SEAL — SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, MD

KAREN R. STEINGART, M. D.
District Health Officer

DOH 01-003 (5/92)

(over)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Eugene Hanson
MAY 14 9 12 AM '93
Q. Lowry
AUDITOR
GARY M. OLSON

CERTIFIED

APR 28 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA250848