

# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## DIVISION OF HEALTH

876

116583

VITAL RECORDS  
CERTIFICATE OF DEATH

BOOK 136 PAGE 281

LOCAL FILE NUMBER		116583		VITAL RECORDS		BOOK 136 PAGE 281	
1 NAME (FIRST, MIDDLE, LAST)		Robert Earl CLOUD		2 SEX		Male	
3 RACE (WHITE, BLACK, AD, etc. SPECIFY)		White		4 DATE OF BIRTH (MO, DAY, YR)		August 13, 1927	
5 AGE (LAST BIRTH DAY, YR)		58		6 DATE OF DEATH (MO, DAY, YR)		Dec. 28, 1986	
7 CITY, TOWN OR LOCATION		Vancouver		8 PLACE OF DEATH (SEE INSTRUCTIONS FOR PLACE OF DEATH ON INSTITUTION NAME)		6214 NE 114 Street	
9 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		Oregon		10 COUNTRY OF BIRTH (IF NOT IN USA GIVE COUNTRY)		USA	
11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		Married		12 NAME OF SPOUSE (LAST, FIRST, MIDDLE)		Joyce Majors	
13 SOCIAL SECURITY NO.				14 USUAL OCCUPATION (GIVE NAME OF BUSINESS OR INDUSTRY)		Retired Longshoreman	
15 RESIDENCE NUMBER AND STREET		6214 NE 114 Street		16 CITY, TOWN OR LOCATION		Vancouver	
17 FATHER (NAME FIRST, MIDDLE, LAST)		Freeman Earl Cloud		18 MOTHER (NAME FIRST, MIDDLE, LAST)		Margaret Wonsylt	
19 SPOUSE (NAME FIRST, MIDDLE, LAST)		Joyce Cloud		20 MARRIAGE ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE)		6214 NE 114 Street, Vancouver, WA 98686	
21 CREMATION (RECEIVED, OTHER SPECIFY)		Cremation		22 DATE AND DAY (MO, DAY, YR)		Aug. 13, 1986	
23 CREMATION (RECEIVED, OTHER SPECIFY)		Cremation		24 DATE AND DAY (MO, DAY, YR)		Aug. 13, 1986	
25 NAME OF FACILITY		Vancouver Funeral Chapel		26 ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE)		110 East 12th Street, Vancouver, WA 98660	
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
27 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				28 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			
29 SIGNATURE AND TITLE				30 SIGNATURE AND TITLE			
31 DATE (MO, DAY, YR)				32 HOUR OF DEATH (MO, DAY, YR)			
8/25/86				0610			
33 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				34 PREVIOUSLY DEAD (YES/NO)			
Dr. Joseph Lebert, 5055 N. Greeley, Portland, OR 97217				No			
35 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR ALL CAUSES)				36 INTERVAL BETWEEN ONSET AND DEATH			
A METASTATIC CARCINOMA OF COLON							
37 DUE TO OR AS A COMBINATION OF				38 INTERVAL BETWEEN ONSET AND DEATH			
39 OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE)				40 AUTOPSY (YES/NO)			
				No			
41 ACC. BURIAL, HOW, UNDER OR FOLLOWS INVEST (SPECIFY)				42 HOUR OF DEATH (MO, DAY, YR)			
43 BURIAL AT HOME (YES/NO)				44 PLACE OF BURIAL (AT HOME, FARM, STREET, FACTORY, etc. ALSO ETC. (SPECIFY))			
No							
45 SIGNATURE				46 DATE RECEIVED AND FILED			
Karen Steingart, M.D.				AUG 27 1986			
47 STATE REGISTRAR (SE ONLY)				48 ITEM			

DHS 9-180 (REV. 1-82)

RECORDER'S NOTE: PORTIONS OF THIS DOCUMENT POOR QUALITY FOR FILING

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SEAL

AUG 27 1986

KAREN STEINGART, M.D.  
DISTRICT HEALTH OFFICER

4 31 PM '93

GARY M. OLSON  
AUDITOR

DHS 9-841A (11/88)

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

7-6-18-4-1-900