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

CERTIFICATE OF DEATH

116997

1408 BOOK 137 PAGE 344

DECEDENT

Field	Entry
Name (first, middle, last)	Percy Eldon SHOEMAKER
Sex	male
Death date (mo day yr)	Aug. 26, 1985
State file number	
Race	white
Age – last birthday (years)	70
Birthdate (mo day yr)	Jan. 22, 1915
County of death	Clark
City, town or location of death	Vancouver
Place of death	home – 9211 NE 107th Ave.
Received emergency care	no
Birthplace (state or foreign country)	Idaho
Citizen of what country	USA
Married, never married, widowed, divorced	married
Spouse (if wife give maiden name)	Mabel M. Black
Was decedent ever in U.S. Armed Forces	yes
Social security no.	[redacted]
Usual occupation	supervisor
Kind of business or industry	paper mill
Residence – number and street	MP010 Sportsman Road
City, town or location	Washougal
Inside city limits	no
County	Clark
State	Wash.

PARENTS

Field	Entry
Father – name	Verner Eddries Shoemaker
Mother – maiden name	Florence Viola Tull
Informant – name	Mabel M. Shoemaker
Mailing address	MP010 Sportsman Rd. Washougal, WA 98671

DISPOSITION

Field	Entry
Burial, cremation, removal	Burial
Date	Aug. 30, 1985
Cemetery or crematory – name	Evergreen Memorial Gardens
Location	Vancouver, Wash.
Funeral director signature	X [signature]
Name of facility	Memorial Gardens Mortuary
Address of facility	1101 NE 112th Ave. Vanc. WA

CERTIFIER

To be completed only by certifying physician: To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Field	Entry
Signature and title	X [signature] SHNEIDMAN MD
Date signed	9/5/85
Hour of death	1431
Name and title of attending physician if other than certifier	

To be completed only by medical examiner or coroner: 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.

Field	Entry
Signature and title	
Date signed	
Hour of death	
Pronounced dead (mo day yr)	
Hour pronounced dead	

Name and address of certifier: R. Shneidman MD, VAMC Portland, Portland Ore. 97207

CAUSE OF DEATH

	Immediate cause	Interval between onset and death
(a)	Cardiopulmonary Arrest	minutes
(b) Due to or as a consequence of	Myocardial Infarction	Weeks
(c) Due to or as a consequence of		

Field	Entry
Other significant conditions	Dementia (Alzheimers)
Autopsy	no
Was case referred to medical examiner or coroner	No
Acc., suicide, hom., undet. or pending invest.	
Date of injury	
Hour of injury	
Injury at work	
Place of injury	
Location	

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
AUG 13 12 04 PM '93
[signature]
AUDITOR
GARY M. OLSON

Registrar signature: X [signature]

Date received: SEP 9 1985

State registrar only — Item / Documentary evidence / Reviewed by / Date

016017

REAL ESTATE EXCISE TAX
AUG 13 1993
PAID Exempt
SEAL [signature] deputy
SKAMANIA COUNTY TREASURER

SEP 9 1985

Registered P
Indexed, Dir P
Indirect P
Filmed
Mailed

[signature]
WAYNE T. SHANDERA, M.D.
District Health Officer

By: WC Parcel # 1-5-6-1-602

DSHS 9-641A (5/85)

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

Unofficial Copy