

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

DIVISION OF HEALTH

17 LOCAL FILE NUMBER		117657		VITAL RECORDS: CERTIFICATE OF DEATH		BOOK 138 PAGE 758	
1 NAME FIRST MIDDLE LAST		William H. REHFUSS		2 SEX		Male	
3 RACE (WHITE, BLACK, AM, IND, ETC. (SPECIFY))		White		4 DEATH DATE (MO DAY YR)		02 Aug 1987	
5 AGE LAST BIRTH DAY (YR)		86		6 BIRTH DATE (MO DAY YR)		26 May 1901	
7 CITY, TOWN OR LOCATION OF DEATH		North Bonneville		8 COUNTY OF DEATH		Skamania	
9 PLACE OF DEATH (R FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME; D FOR HOME; T FOR TRANSPORT; S FOR SLEEPING RV OUT PIN; O FOR OTHER PLACE)		Roosevelt & Cascade Drive		10 RECEIVED EMERGENCY CARE (AMBULANCE FIRST, PARAMEDIC)		No YES/NO	
11 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)		California		12 CITIZEN OF WHAT COUNTRY		U.S.A.	
13 SOCIAL SECURITY NO.		[REDACTED]		14 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED		Married	
15 USUAL OCCUPATION (GIVE R AND OF WORK DONE DURING MOST OF WORKING LIFE (EVEN IF RETIRED))		Powerhouse Operator		16 SPOUSE (IF WIFE GIVE MARRIAGE NAME)		Luella Elliott	
17 RESIDENCE, NUMBER AND STREET		Box 315		18 CITY/TOWN OR LOCATION		No. Bonneville	
19 FATHER, NAME FIRST MIDDLE LAST		Ernest John Rehfuss		20 MOTHER, MARRIAGE NAME FIRST MIDDLE LAST		NICOLAI Margaret - Rehfuss	
21 INFORMANT NAME		Luella Rehfuss		22 MAILING ADDRESS		P.O. Box 315 North Bonneville, WA 98639	
23 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)		Cremation		24 DATE (MO DAY YR)		03 Aug 1987	
25 CEMETERY, CREMATORIUM, NAME		Park Hill Crematory		26 LOCATION, CITY, TOWN, STATE		Vancouver, Washington	
27 FUNERAL, DIRECTION, SIGNATURE		K. P. [Signature]		28 NAME OF FACILITY		GARDNER FUNERAL HOME, INC. White Salmon, WA	
30 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				31 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
32 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				33 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			
34 SIGNATURE AND TITLE				35 SIGNATURE AND TITLE			
36 DATE SIGNED (MO DAY YR)				37 DATE SIGNED (MO DAY YR)			
38 HOUR OF DEATH (24 HRS)				39 HOUR OF DEATH (24 HRS)			
40 NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER, TYPE OR PRINT)				41 NAME AND TITLE OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER, TYPE OR PRINT)			
Robert K. Leick, Coroner				Skamania County Courthouse Stevenson, WA			
42 IMMEDIATE CAUSE				43 INTERVAL BETWEEN ONSET AND DEATH			
(A) Mesothelioma of Left Lung & Metastases				9 mos.			
(B) Asbestos Exposure during WWII				INTERVAL BETWEEN ONSET AND DEATH			
(C) OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				44 AUTOPSY (YES/NO)			
45 ACC. SUICIDE, HOMICIDE, UNDER OR PENDING INVEST. (SPECIFY)				46 DATE RECEIVED (MO DAY YR)			
47 INJURY AT WORK, YES/NO				48 DATE RECEIVED (MO DAY YR)			
49 PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, PUBLIC, LOG, ETC. (SPECIFY)				49 DATE RECEIVED (MO DAY YR)			
50 REGISTER SIGNATURE				51 DATE RECEIVED (MO DAY YR)			
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