

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

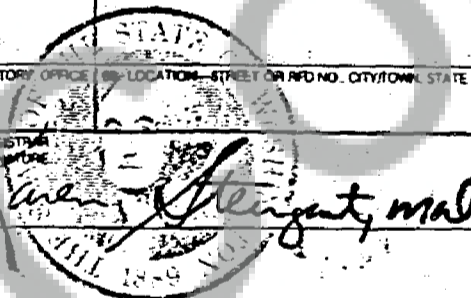
1267
LOCAL FILE NUMBER

117770

CERTIFICATE OF DEATH

BOOK 139 PAGE 90
STATE FILE NUMBER

1. NAME (First Middle Last) George S. ALWAY			2. SEX (M / F) MALE		3. DEATH DATE (Mo. Day, Yr.) September 21 1993	
4. AGE LAST BIRTHDAY (Yr.) 87		5. UNDER 1 YEAR MO. DAYS		6. UNDER 1 DAY HOURS MIN.		7. BIRTHDATE (Mo. Day, Yr.) June 21 1906
8. BIRTHPLACE (City/Town/Village, State or Foreign Country) Seattle WA			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) NO		10. COUNTY OF DEATH Clark	
11. CITY, TOWN OR LOCATION OF DEATH Vancouver			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRAVEL 3. EMERGENCY ROOM 4. HOSP. 5. NURSING HOME 6. OTHER PLACE 2000 Harney St			13. SMOKING IN LAST 15 YEARS? (Yr. / No) NO
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) WIDOWED		15. SURVIVING SPOUSE (if wife give maiden name) None		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) 8 College (13-16 or 17+)
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		19. KIND OF BUSINESS OR INDUSTRY Timber		20. Was Decedent of Mexican origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) NO		21. RACE (Specify) WHITE
22. RESIDENCE—NUMBER AND STREET MP 0.59L Butler Loop		23. CITY/TOWN OR LOCATION Skamania		24. INSIDE CITY LIMITS? (Yes / No) NO	25A. COUNTY SKAMANIA	25B. LENGTH OF RES. IN CO. 65 yrs
26. FATHER'S NAME—FIRST, MIDDLE, LAST Alfred Thomas Alway		27. MOTHER'S NAME—FIRST, MIDDLE, MAREN SURNAME Heleen Ada White		28. STATE WA		
29. INFORMANT—NAME Dolores Zschomler			30. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP 2000 Harney St Vancouver WA 98660			
32. BURIAL CREMATION (Specify) BURIAL		23. DATE (Mo. Day, Yr.) Sept 25 1993		34. CEMETERY/CREMATORY—NAME Stevenson Cemetery		35. LOCATION—CITY/TOWN STATE Stevenson WA
36. SIGNATURE OF PHYSICIAN <i>[Signature]</i>		37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY POB 390 WHITE SALMON WA 98672		
39. 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 <i>[Signature]</i> Robert H. Fisher, M.D.			40. DATE SIGNED (Mo. Day, Yr.) 9/27/93			41. HOUR OF DEATH (24 Hrs.) 1300
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert Fisher, M.D. 700 NE 87th Vancouver, WA 98664			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 <i>[Signature]</i>		44. DATE SIGNED (Mo. Day, Yr.) 9/27/93	
45. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert Fisher, M.D. 700 NE 87th Vancouver, WA 98664			46. PRONOUNCED DEAD (Mo. Day, Yr.)		47. HOUR FROM PRONOUNCED DEAD (24 Hrs.) 11:16:197	
48. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.						
IMMEDIATE CAUSE (Final disease or condition resulting in 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. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		A. <i>Congestive heart failure</i> DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH 001:28:1593		
		B. <i>severe aortic stenosis</i> DUE TO, OR AS A CONSEQUENCE OF		PAID <i>[initials]</i>		
		C. _____ DUE TO, OR AS A CONSEQUENCE OF		SKAMANIA COUNTY TREASURER		
		D. _____ DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE COPD / Emphysema			52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		
57. DESCRIBE HOW INJURY OCCURRED		58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG. ETC. (Specify)				
59. INJURY AT WORK? (Yes / No)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61. RECORD AMENDMENT (Requester, item, documentary evidence, reviewed by, date)		
62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo. Day, Yr.) OCT 05 1993				



FILED FOR RECORD
SKAMANIA CO. WASH
BY *Kiepinski Assoc*
Oct 27 4 52 PM '93
P. Lowry
AUDITOR
GARY M. OLSON