STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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25 (LOCAL FILE NUMBER) — 146 (STATE FILE NUMBER)

CERTIFICATE OF DEATH

1 NAME: First: Albert; Middle: Winston; Last: HATHAWAY		2 SEX (M / F): Male	3 DEATH DATE (Mo Day Yr): Sept. 29, 1992
4 AGE LAST BIRTHDAY (Yrs): 70	5 UNDER 1 YEAR: Mos. / Days	6 UNDER 1 DAY: Hours / Min.	7 BIRTHDATE (Mo Day Yr): 9/23/1922
8 BIRTHPLACE (City Town or Foreign Country): Parma, ID	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): Yes	10 COUNTY OF DEATH: Skamania	
11 CITY TOWN OR LOCATION OF DEATH: Stevenson	12 PLACE OF DEATH (If not in hospital give address or institution name): 7.57 Loop Road		13 SMOKING IN LAST 15 YEARS? (Yes / No): Yes
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Maxine June Dodson	16 SOCIAL SECURITY NO: [redacted]	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 9; College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Rural Route Carrier	19 KIND OF BUSINESS OR INDUSTRY: US Postal Service	20 Was Decedent of Hispanic origin or descent? (Yes / No): No	21 RACE: White
22 RESIDENCE NUMBER AND STREET: 7.57 Loop Road	23 CITY/TOWN OR LOCATION: Stevenson	24 INSIDE CITY LIMITS? (Yes / No): Yes	25A COUNTY: Skamania
25B LENGTH OF RES. IN CO: 50 yrs	26 STATE: WA	27 ZIP CODE: 98648	
28 FATHER'S NAME — FIRST, MIDDLE, LAST: George Herbert Hathaway	29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Viola Anna Munson		
30 INFORMANT - NAME: Carole Smith, Daughter	31 MAILING ADDRESS — STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 256 Nevala Road Woodland, WA 98674		
32 BURIAL CREMATION REMOVAL OTHER (Specify): Burial	33 DATE (Mo Day Yr): 10/3/92	34 CEMETERY/CREMATORY — NAME: Stevenson Cemetery	35 LOCATION — CITY/TOWN, STATE: Stevenson, WA
36 FUNERAL DIRECTOR SIGNATURE: X K. Pleuke	37 NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	38 ADDRESS OF FACILITY: 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

40 DATE SIGNED (Mo Day Yr):

41 HOUR OF DEATH (24 Hrs):

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 Robert K Leick

44 DATE SIGNED (Mo. Day, Yr.): October 5, 1992

45 HOUR OF DEATH (24 Hrs): 2350

46 PRONOUNCED DEAD (Mo. Day, Yr.): Sept. 29, 1992

47 HOUR PRONOUNCED DEAD (24 Hrs): 2400

48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick Skamania Co, Courthouse Stevenson, WA

49 MEDICORONER FILE NUMBER: ----

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (If not disease or condition resulting in death)	016342 PROSTRATE/BONE CANCER	10 yrs.
DUE TO, OR AS A CONSEQUENCE OF:	REAL ESTATE EXCISE TAX	
DUE TO, OR AS A CONSEQUENCE OF:	Registered ____ Indexed ____ Issued ____ Filed ____ Mailed ____	
DUE TO, OR AS A CONSEQUENCE OF:	DEC 30 1993 PAID Exempt	

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

52 AUTOPSY (Yes / No): No

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

54 ACC. SUICIDE HOM. UNDET. OR PENDING INVEST. (Specify):

55 INJURY DATE (Mo. Day. Yr.):

56 HOUR OF INJURY (24 Hrs):

57 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 (Registrar use only) — ITEM / SUBSTANTIATING EVIDENCE / REVIEWED BY / DATE

62 REGISTRAR SIGNATURE: X Karen Sturgeon, md

63 DATE RECEIVED (Mo Day Yr): Oct. 7, 1992

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-000 (Rev. 7/91) (DOH, 00-010 rev/89)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

Dec 30 3 24 PM '93

P. Lowry
AUDITOR
GARY H. OLSON