STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

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LOCAL FILE NUMBER **CERTIFICATE OF DEATH**

1. NAME — FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)	STATE FILE NUMBER
Richard V. DURDLE	Male	23 Mar 1991	146

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR: MOS. / DAYS	6. UNDER 1 DAY: HOURS / MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTH STATE (If not in USA, give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
73			2/3/1918	Washington	U.S.A.	Skamania

11. CITY, TOWN, OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 HOME 2 IN TRANSPORT 3 EMERG. RM/OUT-PTN. 4 HOSP. 5 NURS. HOME 6 OTHER PLACE)	13. WORKING IN LAST 15 YEARS? (Yes/No)
Carson	X MP 0.14R Old Blaisdell Road	Yes

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, Dec'd	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO.	18. HIGH SCHOOL GRADUATE? (Yes/No)
Married	Anna Lorayne Habey	Yes	[redacted]	Yes

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS OR INDUSTRY	21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)	22. RACE (White, Black, American Indian, Chinese, Japanese, Filipino, Other Asian or Pacific Islander, Other — Specify)
Administrative Asst. US	Forest Service	No	White

23. RESIDENCE — NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
MP 0.14R Old Blaisdell	Carson	No	Skamania	Washington	98610

29. FATHER'S NAME — FIRST, MIDDLE, LAST	30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Earl C. Durdle	Tina E. Duncan

31. INFORMANT — NAME	32. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP
Lorayne Durdle	MP 0.14R Old Blaisdell Rd. Carson, WA 98610

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo., Day, Yr.)	35. CEMETERY/CREMATORY — NAME	36. LOCATION — CITY/TOWN, STATE
Burial	3/27/1991	Carson Cemetery	Carson, WA

37. FUNERAL DIRECTOR (Signature)	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X R. P. Dierickx	GARDNER FUNERAL HOME, INC.	Box 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

SIGNATURE AND TITLE
X

41. 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

SIGNATURE AND TITLE
X Robert K. Leick County Coroner

42. DATE SIGNED (Mo., Day, Yr.)	43. HOUR OF DEATH (24 Hrs.)	44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
		March 27, 1991	1910

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47. PRONOUNCED DEAD (Mo., Day, Yr.)	48. HOUR PRONOUNCED DEAD (24 Hrs.)
	March 23, 1991	1930

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

50. PART I. ENTER THE DISEASE, 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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	a. HEART ATTACK	3 min.
	DUE TO, OR AS A CONSEQUENCE OF: b. High Blood Pressure, Several Strokes	
	DUE TO, OR AS A CONSEQUENCE OF: c. and Heart Disease	
	d.	

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50

52. AUTOPSY (Yes/No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes/No)
No	Yes

54. ACC., SUICIDE, HOMICIDE, OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY occurred
Natural			FILED FOR RECORD

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION — CITY/TOWN, STATE
		BY SKAMANIA CO.

61. REGISTRAR (Signature)	62. DATE RECEIVED (Mo., Day, Yr.)
X Karen Steingart, MD	March 28,1991

DOH 110-035 (Rev. 6/89) (Formerly ...)

1668
REAL ESTATE EXCISE TAX
JUN 21 1994
PAID

STATE OF WASHINGTON
SEAL
WASHINGTON

AUDITOR
GARY M. OLSON

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen R. Steingart, M.D.
District Health Officer

THIS IS A CERTIFIED COPY OF THE RECORD