STATE OF WASHINGTON
DEPARTMENT OF HEALTH

30 120512 LOCAL FILE NUMBER

CERTIFICATE OF DEATH

BOOK 146 145 STATE FILE NUMBER PAGE 795

Field	Entry
1. Name (First, Middle, Last)	Ray Woodrow Irwin
2. Sex (M/F)	Male
3. Death Date (Mo, Day, Yr)	August 4 1994
4. Age Last Birthday	80
5. Under 1 Year (Mos / Days)	
6. Under 1 Day (Hours / Mins)	
7. Birthdate (Mo, Day, Yr)	Feb 10 1914
8. Birthplace (City, State or Foreign Country)	New Meadows ID
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	No
10. County of Death	Skamania
11. City, Town or Location of Death	Stevenson
12. Place of Death (Check box for place then give address or institution name): 1 ( ) Home 2 ( ) ...	71 McKinley Street
13. Smoking in Last 15 Years? (Yes/No)	No
14. Marital Status (Married, Never Married, Widowed, Divorced) (Specify)	Married
15. Surviving Spouse (If wife, give maiden name)	Virginia L Kasper
16. Social Security No.	[redacted]
17. Decedent's Education (Specify only highest grade completed): Elementary/Secondary (0-12) / College (1-4 or 5+)	3
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	Logging Contractor
19. Kind of Business or Industry	Timber
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify	No
21. Race (Specify)	White
22. Residence – Number and Street	71 McKinley Street
23. City/Town or Location	Stevenson
24. Inside City Limits? (Yes/No)	Yes
25a. County	Skamania
25b. Length of Res. in Co.	58 yrs
26. State	Washington
27. Zip Code	98648
28. Father's Name – First, Middle, Last	Ira J Irwin
29. Mother's Name – First, Middle, Maiden Surname	Jennie Lee Yoakum
30. Informant – Name	Virginia Irwin
31. Mailing Address (Street or RFD No, City or Town, State, Zip)	POB 99 Stevenson WA 98648
32. Burial, Cremation	Cremation
33. Date (Mo, Day, Yr)	August 5 1994
34. Cemetery/Crematory – Name	Win-quatt Crematory
35. Location – City/Town, State	The Dalles OR
36. Funeral Director Signature	X [signature]
37. Name of Facility	GARDNER FUNERAL HOME, INC.
38. Address of Facility	POB 390 WHITE SALMON WA 98672

To be completed only by certifying physician

Field	Entry
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)	D. C. Leong M.D.

To be completed only by medical examiner or coroner

Field	Entry
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 [signature] County Coroner
44. Date Signed (Mo, Day, Yr)	August 25, 1994
45. Hour of Death (24 Hrs)	0740AM
46. Pronounced Dead (Mo, Day, Yr)	August 4, 1994
47. Hour Pronounced Dead (24 Hrs)	0745
48. Name and Address of Certifier – Physician, Medical Examiner or Coroner (Type or Print)	Brad Andersen, Coroner, Skamania Co. Courthouse Stevenson, WA 98648
49. ME/Coroner File Number	94-017SK

50. 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. Sequentially 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
A	Metastatic Colon Cancer w/Hepatocellular Carcinoma	Months 2 mo
B (Due to, or as a consequence of)	Both of the above	2 mo. 3 wks. 4 days
C (Due to, or as a consequence of)		
D (Due to, or as a consequence of)		

Field	Entry
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. Describe How Injury Occurred	
58. Injury at Work? (Yes/No)	
59. Place of Injury – At home, farm, street, factory, office building, etc. / Location (Street or RFD No, City/Town, State)	
61. Record Amendment (Registrar use only): Item / Secondary Date / Reviewed By / Date	
62. Registrar Signature	X [signature] Steingart, M.D.
63. Date Received (Mo, Day, Yr)	August 25, 1994

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Lick
Sep 12 10 ... AM '94
O. Lowry
AUDITOR
GARY H. OLSON

Registered ✓
Indexed, Dir ✓
Indirect ✓

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-108)

A

DOH 61-003 (5/92)

CERTIFIED

AUG 25 1994

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

BB148719