STATE OF WASHINGTON
DEPARTMENT OF HEALTH

120695

BOOK 146 PAGE 163

9-D

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5

LOCAL FILE NUMBER

1 NAME - FIRST, MIDDLE, LAST: William Wade McNEE
2 SEX: M
3 DEATH DATE (MO DAY YR): 27 Jul 1982
146-8 2 19414
STATE IDENTIFICATION NUMBER

4 RACE (WHITE, BLACK, AM IND, ETC SPECIFY): White
5 AGE - LAST BIRTH DAY (YRS): 78
6 UNDER 1 YEAR MOS / DAYS
7 UNDER 1 DAY HOURS / MINS
8 BIRTHDATE (MO DAY YR): 24 Apr 1904
9 COUNTY OF DEATH: Skamania

10 CITY, TOWN OR LOCATION OF DEATH: MP 3 USFS Road #42
11 PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 HOME 2 IN TRANSPORT 3 EMERG RM OUTPTN 4 HOSP 5 NURS HOME X OTHER PLACE
12 RECEIVED EMERGENCY CARE (EMERGENCY EMPLOYEE PARAMED): Yes (YES/NO)

Skamania County, WA
Scene of Accident

13 BIRTHPLACE (STATE OR FOREIGN COUNTRY - IF NOT IN USA GIVE COUNTRY): Washington USA
14 CITIZEN OF WHAT COUNTRY: USA
15 IF MARRIED NEVER MARRIED WIDOWED DIVORCED: Married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): SPEARS Elmo McNee
17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES NO): No

18 SOCIAL SECURITY NO: [redacted]
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): U.S. Forest Service
20 KIND OF BUSINESS OR INDUSTRY: Government

21 RESIDENCE - NUMBER AND STREET: Box 315
22 CITY, TOWN OR LOCATION: Carson
23 INSIDE CITY LIMITS? (YES NO): No
24 COUNTY: Skamania
25 STATE: Washington

26 FATHER - NAME FIRST, MIDDLE, LAST: Robert McNee
27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: STOUT Nora McNee

28 INFORMANT - NAME: Elmo McNee
29 MAILING ADDRESS - STREET OR RFD NO, CITY OR TOWN, STATE, ZIP: Box 315 Carson, Washington 98610

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
31 DATE (MO DAY YR): 30 Jul 1982
32 CEMETERY CREMATORY - NAME: Wind River Memorial
33 LOCATION - CITY/TOWN, STATE: Carson, Washington

34 FUNERAL DIRECTOR SIGNATURE: X K. F. Gardner
35 NAME OF FACILITY: GARDNER FUNERAL HOME, INC.
36 ADDRESS OF FACILITY: White Salmon, Wash.

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 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
38 DATE SIGNED (MO DAY YR):
39 HOUR OF DEATH (24 HRS):
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
42 DATE SIGNED (MO DAY YR): August 2, 1982
43 HOUR OF DEATH (24 HRS): 1350
44 PRONOUNCED DEAD (MO DAY YR): July 27, 1982
45 HOUR PRONOUNCED DEAD (24 HRS): 1416

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Robert K. Leick, Coroner Skamania County Courthouse, Stevenson, WA

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)):
(A) Arterial Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF
(B) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
49 AUTOPSY? (YES NO): No
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES NO): Yes

51 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (SPECIFY): Accident
52 INJURY DATE (MO DAY YR): July 27, 1982
53 HOUR OF INJURY (24 HRS): 1350
54 DESCRIBE HOW INJURY OCCURRED: Arterial Sclerotic Heart Disease
55 INJURY AT WORK? (YES NO): X No
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (SPECIFY): U.S.F.S. Road
57 LOCATION - STREET OR RFD NO, CITY/TOWN, STATE: MP 3 USFS Road #42, Skamania County, WA
58 REGISTRAR SIGNATURE: X Robert D. Thornton M.D.
59 DATE RECEIVED (MO DAY YR): Aug 4, 1982

FOR STATE REGISTRAR USE ONLY

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE

DSHS 9-150 (REV. 1-82)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

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

REAL ESTATE EXCISE TAX
Sep 30 2 28 PM '94
16944
PAID Exempt
AUDITOR
GARY M. OLSON

Registered ✓
Indexed: Dir ✓
Indirect ✓
Filed
Mailed

DOH 01 003 (7.83)

Glenn J. Kuhmol, Skamania County Assessor
By [illegible] Parcel # 7-8-29-1-132