STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 201 | 142018 | Health | BOOK 149 PAGE 159 | 146

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME: First JOHN	Middle AGNEW	Last MELROSE	2. SEX: Male	3. DEATH DATE: January 28, 1995	
4. AGE LAST BIRTHDAY: 77	5. UNDER 1 YEAR	6. UNDER 1 DAY	7. DATE OF BIRTH: July 6, 1917	8. BIRTHPLACE: China	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? No
10. COUNTY OF DEATH: Clark					
11. CITY, TOWN OR LOCATION OF DEATH: Camas	12. PLACE OF DEATH: Highland Terrace Nursing Center				13. SPANISH/HISPANIC? No
14. MARITAL STATUS: Married	15. SURVIVING SPOUSE: Maxine Halling	16. SOCIAL SECURITY NO: 545-24-8329	17. DECEDENT'S EDUCATION: 12	College: 6	
18. USUAL OCCUPATION: Teacher	19. KIND OF BUSINESS OR INDUSTRY: Education	20. HISPANIC? No	21. RACE: White		
22. RESIDENCE: 192 N. W. Roosevelt	23. CITY/TOWN: Stevenson	24. INSIDE CITY LIMITS? Yes	25. COUNTY: Skamania	26. LENGTH OF TIME IN CO: 30 Yrs	27. STATE: Wash.
28. ZIP CODE: 98648					
29. INFORMANT: Paul Cunningham Melrose		30. Esther Agnew			
31. INFORMANT: Maxine Melrose - Wife	32. P. O. Box 404, Stevenson, Washington 98648				
33. DISPOSITION: Burial	34. DATE: Feb. 4, 1995	35. CEMETERY: Skamania County Cemetery	36. LOCATION: Stevenson, Washington		
37. FUNERAL DIRECTOR: X Ken Straub	38. NAME OF FACILITY: Straub's Funeral Home	39. ADDRESS: 525 N. E. 3rd Ave. Camas, WA 98607			

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED

SIGNATURE AND TITLE: X

41. DATE SIGNED: 1-30-95 | 42. HOUR OF DEATH: 2350

43. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: Timothy Rose MD

44. NAME AND ADDRESS OF CERTIFIER: 715 S. Anderson St. Vancouver, Wa 98661

45. 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.

A. Acute respiratory failure	Registered: ✓
DUE TO, OR AS A CONSEQUENCE OF:	Inquest, Dir: ✓
B. Acute respiratory pneumonia	Indirect: 1 hour
DUE TO, OR AS A CONSEQUENCE OF:	Filmed: 6 hours
C.	Mailed:
DUE TO, OR AS A CONSEQUENCE OF:	
B.	17264

46. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. Pneumonia, recent stroke, metastatic cancer

47. ACC. INJURY, HOW, WHERE, IF PENDING INQUEST (Describe)	48. INJURY DATE (Mo. Day. Yr.)	49. HOUR OF INJURY	50. DID INJURY OCCUR?	51. AUTOPSY? No
52. INJURY AT WORK? (Yes / No)	53. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Describe)			

54. MEDICAL EXAMINER OR CORONER

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

ESTATE TAX No

STATE EXCISE TAX ADD 10 1995

PAID

SKAMANIA COUNTY

FEB 4 - 1995

DOH 11-003 (REV.)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Kielpinski & Assoc
APR 7 4 38 PM '95
O Lowry
AUDITOR
GARY H. OLSON

CERTIFIED

FEB - 7 1995

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

BB480497

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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STATE FILE NUMBER

CERTIFICATE OF DEATH

Field	Entry
1. Name (First, Middle, Last)	JOHN AGNEW MELROSE
2. Sex	Male
3. Date of Death	January 28, 1995
4. Age Last Birthday	77
7. Birthdate	July 6, 1917
8. Birthplace	China
9. Was decedent ever in U.S. Armed Forces?	No
10. County of Death	Clark
11. City, Town or Location of Death	Camas
12. Place of Death	Highland Terrace Nursing Center
13. Smoking in last 15 years?	No
14. Marital Status	Married
15. Surviving Spouse	Maxine Halling
16. Social Security No.	545-24-8329
17. Decedent's Education (Elementary/Secondary; College)	12; 6
18. Usual Occupation	Teacher
19. Kind of Business or Industry	Education
20. Was Decedent of Hispanic Origin?	No
21. Race	White
22. Residence – Number and Street	192 N. W. Roosevelt
23. City/Town	Stevenson
24. Inside City Limits?	Yes
25. County	Skamania
26. Length of Residence	30 Yrs
27. State	Wash.
28. Zip Code	98648
29. Father's Name	Paul Cunningham Melrose
30. Mother's Name	Esther Agnew
31. Informant	Maxine Melrose - Wife
32. Mailing Address	P. O. Box 404, Stevenson, Washington 98648
33. Burial, Cremation, Removal, Other	Burial
34. Date	Feb. 4, 1995
35. Cemetery	Skamania County Cemetery
36. Location	Stevenson, Washington
37. Funeral Director Signature	X [signature]
38. Name of Facility	Straub's Funeral Home
39. Address of Facility	325 N. E. 3rd Ave. Camas, WA 98607
40. To the best of my knowledge, death occurred at the time, date and place and was due to the causes stated. Signature	X [signature]
41. Date Signed	1-30-95
42. Hour of Death	2350
49. Name and Address of Certifier	Timothy Rose, MD, 715 S. Anderson Rd, Vancouver, Wa 98661

50. Enter the diseases, injuries, or complications which caused the death:

	Cause	Interval between onset and death
A.	Acute respiratory failure	1 hour
B. Due to, or as a consequence of:	Acute aspiration pneumonia	6 hours
C. Due to, or as a consequence of:		
D. Due to, or as a consequence of:		

Indexed, Cir ✓ Indirect Filmed Mailed

17264

51. Other significant conditions: Cerebrovascular disease, recent ... infarction

Autopsy: No | Coroner: No

REAL ESTATE EXCISE TAX
APR 10 1995
PAID exempt
[signature] Deputy
SKAMANIA COUNTY TREASURER

FEB 4 - 1995

SKAMANIA COUNTY TREASURER

DOH 01-003 (5/92)

FILED FOR RECORD
SKAMANIA CO. WASH
BY [signature]
APR 7 4 38 PM '95
[signature]
AUDITOR
GARY H. OLSON

CERTIFIED

FEB - 7 1995

[signature]
Dr. Karen Steingart
Health Officer
S.W. Wash Health Dist