

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Health CERTIFICATE OF DEATH

BOOK 149 PAGE 159
146

TYPE OR PRINT INFORMATION IN BLOCKS USE

201

182018

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME First: JOHN Middle: AGNEW Last: MELROSE				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day Yr.) January 28, 1995	
4. AGE LAST BIRTHDAY (Yrs) 77		5. UNDER 1 YEAR Yes ☐ No ☒		6. UNDER 1 DAY Yes ☐ No ☒		7. BIRTHDATE (Mo. Day Yr.) July 6, 1917	
8. BIRTHPLACE (City, State or Foreign Country) China				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH Clark	
11. CITY, TOWN OR LOCATION OF DEATH Canas				12. PLACE OF DEATH—IN BOX FOR PLACE FROM ONE ADDRESS OR ONE PLACE FROM 1 () HOME 1 () IN RESIDENCE 1 () RENTED PLACE FROM 1 () HOTEL 1 () NURSING HOME 1 () OTHER PLACE Highland Terrace Nursing Center			
13. MARITAL STATUS—Married, Widowed, Divorced, Separated Married		14. SURVIVING SPOUSE (if wife give maiden name) Maxine Halling		15. SOCIAL SECURITY NO. 545-24-8329		16. DECEDENT'S EDUCATION Specify or highest grade completed 12 12 College (1-4 or 5-6) 6	
17. MAJOR OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Teacher		18. KIND OF BUSINESS OR INDUSTRY Education		19. Was Decedent of Hispanic, Cuban or Mexican? (Specify race of mother, if non, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) No		20. RACE (Specify) White	
21. ADDRESS—Home and Street? 192 N. W. Roosevelt		22. CITY/TOWN, OR LOCATION Stevenson		23. RACE CITY Yes ☒ No ☐		24. COUNTY Skamania	
25. LENGTH OF RES. IN CO. 30 Yrs		26. STATE Wash.		27. ZIP CODE 98648			
28. PRESENT HOME—If not home, last Paul Cunningham Melrose				29. PRESENT HOME—If not home, last Esther Agnew			
30. Maxine Melrose - Wife P. O. Box 404, Stevenson, Washington 98648							
31. BURIAL, CREMATION, or other disposition Burial		32. DATE (Mo. Day Yr.) Feb. 4, 1995		33. CEMETERY, CREMATION, or other disposition Skamania County Cemetery		34. LOCATION—CITY/TOWN, STATE Stevenson, Washington	
35. FUNERAL, CREMATION, or other disposition I		36. NAME OF FUNERAL HOME Straub's Funeral Home		37. ADDRESS OF FUNERAL HOME 325 N. E. 3rd Ave. Canas, WA 98607			
38. TO BE COMPLETED ONLY BY MEDICAL PERSONNEL 38. THE TIME, DATE, AND PLACE OF DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND WAS DUE TO THE CAUSE(S) BEING 39. ON THE BASIS OF INFORMATION AND/OR EXAMINATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND WAS DUE TO THE CAUSE(S) BEING 40. DATE DECEASED (Mo. Day Yr.) 1-30-95				41. HOUR OF DEATH (Mo. Day Yr.) 2350			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CORoner (Print Name) Timothy Rose, MD, 715 S. Anderson Rd, Vancouver, 98661				43. HOUR OF DEATH (Mo. Day Yr.) 1725			
44. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH Pneumonia disease recent				45. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH 1725			
46. A. Acute respiratory failure DUE TO, OR AS A CONSEQUENCE OF: B. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF: C. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF: D. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF:				47. INTERVAL BETWEEN ONSET AND DEATH 1 hour INTERVAL BETWEEN ONSET AND DEATH 6 hours INTERVAL BETWEEN ONSET AND DEATH 6 hours			
48. A. Acute respiratory failure DUE TO, OR AS A CONSEQUENCE OF: B. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF: C. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF: D. Acute respiratory pneumonia DUE TO, OR AS A CONSEQUENCE OF:				49. INTERVAL BETWEEN ONSET AND DEATH 1 hour INTERVAL BETWEEN ONSET AND DEATH 6 hours INTERVAL BETWEEN ONSET AND DEATH 6 hours			
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH Pneumonia disease recent				51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE OF DEATH 1725			
52. DECEDENT'S HOME, STREET, or PRESENT ADDRESS (Specify) 192 N. W. Roosevelt		53. PLACED OF DEATH (Mo. Day Yr.) Feb. 4, 1995		54. HOUR OF DEATH (Mo. Day Yr.) 2350		55. COUNTY OF DEATH Clark	
56. COUNTY OF DEATH Clark		57. PLACE OF DEATH—AT HOME, FROM, or IN Highland Terrace Nursing Center		58. COUNTY OF DEATH Clark		59. COUNTY OF DEATH Clark	
60. RECORDING AGENCY (Specify agency) Clark County Health Department		61. RECORDING AGENCY (Specify agency) Clark County Health Department		62. RECORDING AGENCY (Specify agency) Clark County Health Department		63. RECORDING AGENCY (Specify agency) Clark County Health Department	



FEB 4 - 1995
CLARK COUNTY HEALTH DEPARTMENT

REVISED (Mo. Day Yr.) (Specify agency)
BOOK 01-000 (REV)

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BY *Kielinski & Assoc*

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O'Savory
AUDITOR
GARY H. OLSON

CERTIFIED

FEB - 7 1995

Karen Stengert, M.D.
Dr. Karen Stengert
Health District Officer
SW. Wash Health Dist.

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STATE OF WASHINGTON DEPARTMENT OF HEALTH

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146
CERTIFICATE OF DEATH

1 NAME: JOHN AGNEW MELROSE		2 SEX (M / F): Male	3 DATE OF BIRTH (M / D / Y): January 28, 1995
4 AGE LAST BIRTHDAY (Y / M / D): 77	5 UNDER 1 YEAR: YES	6 UNDER 1 DAY: YES	7 BIRTHPLACE (M / D / Y): July 6, 1917
8 BIRTHPLACE (City, State or Foreign Country): China		9 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes / No): No	10 COUNTY OF DEATH: Clark
11 CITY, TOWN OR LOCATION OF DEATH: Canas		12 PLACE OF DEATH—SEEK FOR PLACE THEN GIVE ADDRESS OF INSTITUTION NAME 1 (2) HOME 2 (3) IN RESIDENCE 3 (4) HOME 4 (5) HOME 5 (6) HOME 6 (7) HOME 7 (8) HOME 8 (9) HOME 9 (10) HOME Highland Terrace Nursing Center	
13 SURVIVING SPOUSE (Last name and first name): Maxine Halling		14 SOCIAL SECURITY NO: 545-24-8329	
15 DECEASED'S EDUCATION (Specify only highest grade completed): 12		16 DECEASED'S EDUCATION (Specify only highest grade completed): 6	
17 DECEASED'S OCCUPATION (Last kind of work done during most of working life—SEEK FOR WORK): Teacher		18 KIND OF BUSINESS OR OCCUPATION: Education	
19 RESIDENCE—NUMBER AND STREET: 192 N. W. Roosevelt		20 CITY, TOWN OR LOCATION: Stevenson	
21 COUNTRY: Yes		22 COUNTY: Skamania	
23 LENGTH OF RES. IN CO.: 30 Yrs		24 STATE: Wash.	
25 ZIP CODE: 98648		26 DECEASED'S NAME—LAST, FIRST, MIDDLE: Paul Cunningham Melrose	
27 DECEASED'S NAME—LAST, FIRST, MIDDLE: Esther Agnew		28 DECEASED'S NAME—LAST, FIRST, MIDDLE: Maxine Melrose - Wife	
29 DECEASED'S NAME—LAST, FIRST, MIDDLE: P. O. Box 404, Stevenson, Washington 98648		30 DECEASED'S NAME—LAST, FIRST, MIDDLE: Stevenson, Washington	
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CERTIFIED

FEB - 7 1995

Karen Stanger
Dr. Karen Stanger
Health Care Officer
S.W. Wash Health Dist