STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

BOOK 149 PAGE 690

7 122232
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

1. NAME (First, Middle, Last): Carl Eugene WOLFE
2. SEX (M/F): Male
3. DEATH DATE (Mo, Day, Yr): March 25 1995
4. AGE LAST BIRTHDAY (Years): 59
5. UNDER 1 YEAR: Mos / Days
6. UNDER 1 DAY: Hours / Mins
7. BIRTHDATE (Mo, Day, Yr): May 5 1935
8. BIRTHPLACE (City, State or Foreign Country): Sunnyside WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): Yes
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: North Bonneville
12. PLACE OF DEATH: 903 Sun Tillicum
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE (If wife, give maiden name): Ada Elizabeth Neece
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Food Service
19. KIND OF BUSINESS OR INDUSTRY: US Army
20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE – NUMBER AND STREET: 903 Sun Tillicum
23. CITY/TOWN OR LOCATION: North Bonneville
24. INSIDE CITY LIMITS? (Yes/No): Yes
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 22 yrs
26. STATE: Washington
27. ZIP CODE: 98639
28. FATHER'S NAME – FIRST, MIDDLE, LAST: Arthur - Wolfe
29. MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME: Evelyn - Franks
30. INFORMANT – NAME: Betty Wolfe
31. MAILING ADDRESS (Street or RFD No., City or Town, State, Zip): POB 266 North Bonneville WA 98639
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): March 29 1995
34. CEMETERY/CREMATORY – NAME: Win-quatt Crematory
35. LOCATION – CITY/TOWN, STATE: The Dalles OR
36. FUNERAL DIRECTOR SIGNATURE: [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

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):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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): March 31, 1995
45. HOUR OF DEATH (24 Hrs): Between 1200 and 1345
46. PRONOUNCED DEAD (Mo, Day, Yr): March 25, 2995
47. HOUR PRONOUNCED DEAD (24 Hrs): 1357
48. NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Bradley Andersen Cor. Skamania County Courthouse Stevenson WA 98648
49. ME/CORONER FILE NUMBER: 95-027SK

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

		Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) A	SUICIDE	Instantly
DUE TO, OR AS A CONSEQUENCE OF: B	Single Gunshot Wound to Rt Temple Area	
DUE TO, OR AS A CONSEQUENCE OF: C		
DUE TO, OR AS A CONSEQUENCE OF: D		

DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Secondary list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury which initiated events resulting in death) LAST

REAL ESTATE EXCISE TAX 17333
MAY 4 1995
exempt

51. OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Cancer of Esophagus and Liver
52. AUTOPSY? (Yes / No): Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (Specify): Suicide
55. INJURY DATE (Mo, Day, Yr): March 25,1995
56. HOUR OF INJURY: Between 1200 & 1345
57. DESCRIBE HOW INJURY OCCURRED: Single Gunshot Wound to Rt Temple Area
58. INJURY AT WORK? (Yes / No): No
59. PLACE OF INJURY – AT HOME, FARM, STREET, BLDG, ETC (Specify): Home
60. LOCATION (Street or RFD No., City/Town, State): 903 Sun Tillicum, North Bonneville, WA
61. RECORD AMENDMENT (Register use only) / ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. LOCAL REGISTRAR SIGNATURE: X [signature]
63. DATE RECEIVED (Mo, Day, Yr): March 31, 1995

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev 1/91)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Ada Wolfe
MAY 4 10 53 AM '95
P Lowry
AUDITOR
GARY H. OLSON

Registered	✓
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