

STATE OF WASHINGTON DEPARTMENT OF HEALTH



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CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT INK
122445
LOCAL FILE NUMBER

STATE FILE NUMBER

1 NAME Melbourne Eugene STEWART			2 SEX (M / F) Male		3 DEATH DATE (Mo. Day, Yr) February 6 1995	
4 AGE LAST BIRTHDAY 83	5 UNDER 1 YEAR YES	6 UNDER 1 DAY YES	7 BIRTHDATE (Mo. Day, Yr) Aug 26 1911	8 BIRTHPLACE Leodore ID	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) YES	10 COUNTY OF DEATH Skamania
11 CITY, TOWN OR LOCATION OF DEATH Carson			12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Boyer's Foster Home			13 SMOKING ON LAST 15 YEARS? (Yes / No) No
14 MARRITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15 SURVIVING SPOUSE (If wife, give maiden name) Verna Blake		16 SOCIAL SECURITY NO 534 01 4518		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Logger		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 280R Loop Rd		23 CITY/TOWN OR LOCATION Stevenson		24 INSIDE CITY LIMITS? (Yes / No) YES	25 COUNTY Skamania	26 LENGTH OF RES IN CO 38 yrs
27 STATE Washington		28 ZIP CODE 98648				
29 FATHER'S NAME—FIRST, MIDDLE, LAST Robert Stewart			30 MOTHER'S NAME—FIRST, MIDDLE, MASHEN SURNAME Lillian Yearian			
31 INFORMANT—NAME Darlene Mills			32 MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP POB 783 Carson WA 98610			
33 BURIAL, CREMATION, OTHER (Specify) BURIAL		34 DATE (Mo. Day, Yr) Feb 10 1995		35 CEMETERY/CREMATORIUM—NAME Wind River Cemetery		36 LOCATION—CITY/TOWN, STATE Carson
37 FUNERAL DIRECTOR SIGNATURE <i>C.M. Delich</i>		38 NAME OF FACILITY GARDNER FUNERAL HOME INC.		39 ADDRESS OF FACILITY POB 380 WHITE SALMON WA 98672		
TO BE COMPLETED ONLY BY CERTIFIED PERSONNEL			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
40 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			41 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 <i>Bradley Andersen</i> County Coroner			
42 DATE SIGNED (Mo. Day, Yr) February 13, 1995		43 HOUR OF DEATH (24 Hrs) 1400		44 DATE SIGNED (Mo. Day, Yr) February 6, 1995		
45 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Bradley Andersen Cor Skamania Co Courthouse Stevenson WA		46 HOURS PRONOUNCED DEAD (24 Hrs) 1415		47 MEDICORNER FILE NUMBER 95-0258K		
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)						
49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH						
IMMEDIATE CAUSE (Final disease or condition resulting in death) DO NOT SIGN THE NAME OF DISEASE, SUCH AS CANCER OR RESPIRATORY ARREST, SPECIFY OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.						
A CORONARY THROMBOSIS		B FILED FOR RECORD SKAMANIA CO. WASH BY [Signature]		INTERNAL BETWEEN ONSET AND DEATH Undetermined		
C DUE TO, OR AS A CONSEQUENCE OF		D DUE TO, OR AS A CONSEQUENCE OF		INTERNAL BETWEEN ONSET AND DEATH		
E DUE TO, OR AS A CONSEQUENCE OF		F DUE TO, OR AS A CONSEQUENCE OF		INTERNAL BETWEEN ONSET AND DEATH		
50 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE WHEN ABOVE						
51 ACC. SACRIF. HOW, UNDER, OR PENDING (Specify)		52 INJURY DATE (Mo. Day, Yr)		53 HOUR OF DEATH (24 Hrs)		
54 WAS AT WORK? (Yes / No)		55 PLACE OF INJURY—AT HOME, FARM, STREET, BLDG ETC. (Specify)		56 OR RFD NO. CITY/TOWN, STATE		
57 RECEIVED AMENDMENT (Signature and Date)		58 DATE (Mo. Day, Yr)		59 DATE (Mo. Day, Yr)		

CERTIFIED

FEB 14 1995

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

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