STATE OF WASHINGTON
DEPARTMENT OF HEALTH

VITAL RECORDS

LOCAL FILE NUMBER 6 — 122494

CERTIFICATE OF DEATH

BOOK 150 PAGE 389

STATE FILE NUMBER 146

Field	Entry
1. Name — First, Middle, Last	Clarence Owen FRITZ
2. Sex	Male
3. Death Date (Mo, Day, Yr)	4-23-1991
4. Age Last Birthday	72
7. Birthdate (Mo, Day, Yr)	11-3-1918
8. Birth State	Kansas
9. Citizen of What Country	U.S.A.
10. County of Death	Skamania
11. City, Town or Location of Death	Skamania
12. Place of Death	0.44R Skamania Landing Road
13. Smoking in Last 15 Years	Unknown
14. Marital Status	Married
15. Surviving Spouse	Katie L. McDole
16. Was Decedent Ever in U.S. Armed Forces	Yes
17. Social Security No.	[redacted]
18. High School Graduate	Yes
19. Usual Occupation	Sales Representative
20. Kind of Business or Industry	Frigidaire
21. Hispanic Origin	No
22. Race	White
23. Residence — Number and Street	0.44R Skamania Landing Road
24. City/Town or Location	Skamania
25. Inside City Limits	No
26. County	Skamania
27. State	Washington
28. Zip Code	98648
29. Father's Name	Paul W. Fritz
30. Mother's Name	Myrtle Grandfield
31. Informant	Dolores Fritz
32. Mailing Address	0.44R Skamania Landing Road Skamania, Washington 98648
33. Burial, Cremation, Removal, Other	Cremation
34. Date	4-30-1991
35. Cemetery/Crematory — Name	Park Hill Crematory
36. Location — City/Town, State	Vancouver, Washington
37. Funeral Director	X Ronald Brown
38. Name of Facility	Brown's Funeral Home
39. Address of Facility	410 NE Garfield Street Camas, Washington 98607

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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

41. Date Signed (Mo, Day, Yr)

42. Hour of Death

43. Name and Title of Attending Physician if Other Than Certifier

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

44. 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 [signature] County Coroner

45. Date Signed: April 29, 1991 — 46. Hour of Death: 1143

47. Date Pronounced Dead: April 23, 1991 — 48. Hour Pronounced Dead: 1226

49. Name and Address of Certifier: ROBERT K. LEICK, Co. Coroner, P.O. Box 790, Stevenson, WA 98648

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

	Cause	Interval Between Onset and Death
Immediate Cause (a)	Coronary Occlusion	Immediate
Due to, or as a consequence of (b)		
Due to, or as a consequence of (c)		

Part II. Other significant conditions

51. Was case referred to medical examiner or coroner: Yes

52. Acc., Suicide, Hom., Undet., or Pending Invest.: Natural

53. Date of Injury — 54. Hour of Injury — 55. Describe how injury occurred — 56. Injury at work — 57. Place of injury — 58. Location

59. Registrar: X Karen Steingart, M.D.

60. Date Received (Mo, Day, Yr): April 29, 1991

DOH 110-008 (Rev. 8/89)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
JUN 6 4 11 PM '95
P. Lowry
AUDITOR
GARY H. OLSON

17407
REAL ESTATE EXCISE TAX
JUN 07 1995
SOUTHWEST WASHINGTON HEALTH DISTRICT (seal)
SKAMANIA COUNTY TREASURER

Indexed, Dir
Indirect
Filmed
Mailed

Registered / Indexed / Filed — Date 6-6-95 — Parcel # 2-6-34-1-1-4100 — Skamania County Assessor

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, MD

Karen R. Steingart, M.D.
District Health Officer

DOH 01-003 (7/89)