STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

32 123613
LOCAL FILE NUMBER

Health

BOOK 153 PAGE 175
146

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME: First: Kenneth; Middle: Walter; Last: KUSKIE					2 SEX (M / F): Male	3 DEATH DATE (Mo, Day, Yr): Oct 8 1995	
4 AGE LAST BIRTHDAY (Yrs): 74	5 UNDER 1 YEAR: MOS / DAYS	6 UNDER 1 DAY: HOURS / MIN	7 BIRTHDATE (Mo, Day, Yr): May 9 1921	8 BIRTHPLACE (City/Town/Foreign Country): Cusk WY	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10 COUNTY OF DEATH: Skamania	
11 CITY, TOWN OR LOCATION OF DEATH: Stevenson	12 PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME): 1 (X) HOME 2 ( ) IN TRANSPORT 3 ( ) EMERG ROOM/DOA 4 ( ) HOSP 5 ( ) NURSING HOME 6 ( ) OTHER PLACE: 651 W Vancouver					13 SMOKING IN LAST 15 YEARS? (Yes / No): Yes	
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Tess Mary Oeppen		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): Groundsman	19 KIND OF BUSINESS OR INDUSTRY: Public Utilities	20 Was Decedent of Hispanic origin or descent? (Yes/No) If Yes, specify Cuban, Mexican, Puerto Rican, etc.): (Yes / No) Specify: No			21 RACE (Specify): White		
22 RESIDENCE - NUMBER AND STREET: 651 W Vancouver	23 CITY/TOWN OR LOCATION: Stevenson	24 INSIDE CITY LIMITS? (Yes/No): Yes	25A COUNTY: Skamania	25B LENGTH OF TIME IN CO: 70 yrs	26 STATE: Washington	27 ZIP CODE: 98648	
28 FATHER'S NAME - FIRST, MIDDLE, LAST: Francis LeRoy Kuskie			29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Florence C Smith				
30 INFORMANT - NAME: Tess M Kuskie	31 MAILING ADDRESS - STREET OR RFD NO: POB 202	CITY OR TOWN: Stevenson	STATE: WA	ZIP: 98648			
32 BURIAL/CREMATION/REMOVAL/DONATION (Specify): Cremation	33 DATE (Mo, Day, Yr): 10/10/95	34 CEMETERY/CREMATORY - NAME: Win-quatt Crematory		35 LOCATION - CITY/TOWN, STATE: The Dalles OR			
36 FUNERAL DIRECTOR SIGNATURE: X C.M. Dieringer		37 NAME OF FACILITY: GARDNER FUNERAL HOME INC.		38 ADDRESS OF FACILITY: POB 380 WHITE SALMON WA 98672			

TO BE COMPLETED ONLY BY ATTENDING 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): 10/10/95
41 HOUR OF DEATH (24 Hrs): 0800
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

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 WAS DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X
44 DATE SIGNED (Mo, Day, Yr):
45 HOUR OF DEATH (24 Hrs):
46 PRONOUNCED DEAD (Mo, Day, Yr):
47 HOUR PRONOUNCED DEAD (24 Hrs):

48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Gregory Zuck, M.D. POB 1519 White Salmon, WA 98672
49 M.E./CORONER FILE NUMBER:

50 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. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

IMMEDIATE CAUSE (Final disease or condition resulting in death) A	Transitional Cell Carcinoma - Kidney	INTERVAL BETWEEN ONSET AND DEATH: 1 3-4 5
DUE TO, OR AS A CONSEQUENCE OF B		INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF C		INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF D		INTERVAL BETWEEN ONSET AND DEATH:

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Luck
Oct 23 4 10 PM '95
C. Lowry
AUDITOR

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52 AUTOPSY? (Yes / No): No
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

54 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify):
55 INJURY DATE (Mo, Day, Yr):
56 HOUR OF INJURY (24 Hrs):
57 INJURY AT WORK? (Yes / No):
58 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify):

CARL E. OLSON
Registered
Indexed, Dir
Indirect
Filmed
Mailed

61 RECORD AMENDMENT (Registrar use only): ITEM # / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62 REGISTRAR'S SIGNATURE: X Karen Steingart, MD
REGISTERED (Mo, Day, Yr): 10-11-95

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-078 (Rev. 10/91) DOH 01-003 (7/94)

CERTIFIED

OCT 11 1995

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. H.D. #1

C0438992

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DEPARTMENT OF HEALTH

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11 CITY, TOWN OR LOCATION OF DEATH: Stevenson	12 PLACE OF DEATH (If Box For Place Then Give Address Or Institution Name) 1 Home 2 Hospital 3 Dead On Arrival 4 Hosp 5 Nursing Home 6 Other Place: 651 W Vancouver					13 SMOKING IN LAST 15 YEARS? (Yes / No): Yes		
14 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify): Married	15 SURVIVING SPOUSE (If wife, give maiden name): Tess Mary Oeppen		16 SOCIAL SECURITY NO: [redacted]		17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+)		
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36 FUNERAL DIRECTOR SIGNATURE: X C. M. Dieringer		37 NAME OF FACILITY: GARDNER FUNERAL HOME INC.	38 ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672					

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A	Transitional Cell Carcinoma - Kidney	1 3yrs
B	DUE TO, OR AS A CONSEQUENCE OF:	
C	DUE TO, OR AS A CONSEQUENCE OF:	
D	DUE TO, OR AS A CONSEQUENCE OF:	

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53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

54 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)	55 INJURY DATE (Mo, Day, Yr)	56 HOUR OF INJURY (24 Hrs)	57 DESCRIBE HOW INJURY OCCURRED

58 INJURY AT WORK? (Yes / No)	59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify)	59A LOCATION - STREET OR RFD NO, CITY/TOWN, STATE

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Mailed

61 RECORD AMENDMENT (For use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62 REGISTRAR'S SIGNATURE: X Karen Steingart, MD

62A DATE ACCEPTED (Mo, Day, Yr): 10-11-95

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-078 (Rev. 7/91) Previous Editions Obsolete DOH 81-093 (7/94)

IF NOT CERTIFIED COPY OF RECORD IN HEALTH CENTER FOR HEALTH STATISTICS, USE FOR GENEALOGICAL AND INFORMATIONAL PURPOSES ONLY

CERTIFIED

OCT 11 1995

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Washington

C0438992