STATE OF WASHINGTON
DEPARTMENT OF HEALTH

122932 WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES BOOK 751 PAGE 474
BUREAU OF VITAL STATISTICS

PRINT IN INK — M.1 LOCAL FILE NUMBER 407-M **CERTIFICATE OF DEATH** STATE FILE NUMBER 11061

DECEASED

1 DECEASED — NAME: Glenn Burgess Keller
2 SEX: Male
3 DATE OF DEATH (MONTH, DAY, YEAR): May 13, 1976
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)): White
5 AGE — LAST BIRTHDAY (YEARS): 71
5a UNDER 1 YEAR — MOS. / DAYS
5b UNDER 1 DAY — HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR): Dec 2, 1904
7 COUNTY OF DEATH: Clark
8 CITY, TOWN, OR LOCATION OF DEATH: Vancouver
9 WITHIN CITY LIMITS (SPECIFY YES OR NO): Yes
10 HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Vancouver Memorial Hospital
11 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Duncan, Oklahoma
12 CITIZEN OF WHAT COUNTRY: U.S.A.
13 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
14 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Vera L. Meaghers Keller
15 SOCIAL SECURITY NUMBER: 541 03 0645
16 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Owner-operator appliance store
17 KIND OF BUSINESS OR INDUSTRY: Keller Electric
18 RESIDENCE — STATE: Washington
19 COUNTY: Skamania
20 CITY, TOWN, OR LOCATION: Stevenson
21 WITHIN CITY LIMITS (SPECIFY YES OR NO): Yes
22 STREET AND NUMBER: P.O. Box 393

PARENTS

23 FATHER — NAME: Francis M. Keller
24 MOTHER — MAIDEN NAME: BURGESS, Frances - Keller
25 INFORMANT — NAME: Vera L. Keller
26 MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): P.O. Box 393 Stevenson, Washington 98648

CAUSE

27 PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Terminal Kidney failure — 3 days
DUE TO, OR AS A CONSEQUENCE OF (b) Hepatic metastases — 2 mos.
DUE TO, OR AS A CONSEQUENCE OF (c) Carcinoma Rectum — 14 years
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
28 PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Surgery rt. leg
29 AUTOPSY (YES OR NO): No
30 IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
31 ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
32 DATE OF INJURY (MONTH, DAY, YEAR):
33 HOUR:
34 HOW INJURY OCCURRED (GIVE NATURE OF INJURY IN PART I OR PART II, ITEM 18):
35 INJURY AT WORK (SPECIFY YES OR NO):
36 PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
37 LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

38 CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM 4.1.76 TO 5.13.76 (MONTH, DAY, YEAR). I LAST SAW THE DECEASED ALIVE ON 5.13.76. I DID / DID NOT VIEW THE BODY AFTER DEATH. DEATH OCCURRED AT 9:00 A.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
39 CERTIFICATION — CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH. THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR).
40 CORONER — NAME (TYPE OR PRINT): J. D. Jefferson
41 SIGNATURE: J. D. Jefferson MD
42 DATE SIGNED (MONTH, DAY, YEAR): 5.17.76
43 MAILING ADDRESS — STREET: 111 W 39th St Vancouver Wa

44 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
45 CEMETERY OR CREMATORY — NAME: Skamania County Cemetery District No. 1
46 LOCATION — CITY OR TOWN, STATE: Stevenson, Washington
47 DATE (MONTH, DAY, YEAR): May 18, 1976
48 FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Gardner's Funeral Home, P.O. Box 276 White Salmon, WA
49 FUNERAL DIRECTOR — SIGNATURE: Herman Bussiere
50 REGISTRAR — SIGNATURE: MacCampbell
51 DATE RECEIVED BY LOCAL REGISTRAR: MAY 24 1976

DCH 01-003 (7/84)

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BY SKAMANIA CO. TITLE
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Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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CERTIFIED
STATE REGISTRAR OF VITAL RECORDS
JUL-7 1995
DO NOT DESTROY

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