STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

VITAL RECORDS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 124302 BOOK 154 PAGE 939

STATE FILE NUMBER 146-8

1 NAME - FIRST, MIDDLE, LAST: Don C. GRAHAM
2 SEX: M
3 DEATH DATE (MO DAY YR): 04 Aug 1985
4 RACE (WHITE, BLACK, AM. IND. ETC.) (SPECIFY): White
5 AGE - LAST BIRTHDAY (YRS): 73
6 UNDER 1 YEAR: MOS DAYS
7 UNDER 1 DAY: HOURS MINS
8 BIRTHDATE (MO DAY YR): 18 Sep 1911
9 COUNTY OF DEATH: Clark
10 CITY, TOWN OR LOCATION OF DEATH: Vancouver
11 PLACE OF DEATH: St. Joseph's Hospital
12 RECEIVED EMERGENCY CARE (AMBULANCE, FIRST AID, PARAMEDIC): Yes
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington
14 CITIZEN OF WHAT COUNTRY: U.S.A.
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Alma Fuller
17 WAS DECEDENT EVER IN US ARMED FORCES? (YES NO): No
18 SOCIAL SECURITY NO: [redacted]
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Logger
20 KIND OF BUSINESS OR INDUSTRY: Timber
21 RESIDENCE - NUMBER AND STREET: Star Route
22 CITY, TOWN OR LOCATION: Carson
23 INSIDE CITY LIMITS (YES NO): No
24 COUNTY: Skamania
25 STATE: Washington
26 FATHER - NAME FIRST, MIDDLE, LAST: Richard W. Graham
27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: DOWNEY Annabel - Graham
28 INFORMANT - NAME: Alma Graham
29 MAILING ADDRESS: Star Rt. Carson, Washington 98610
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial
31 DATE (MO DAY YR): 08 Aug 1985
32 CEMETERY, CREMATORY - NAME: Carson Cemetery
33 LOCATION - CITY/TOWN, STATE: Carson, WA
34 FUNERAL DIRECTOR SIGNATURE: X [signature]
35 NAME OF FACILITY: GARDNER FUNERAL HOME, INC. White Salmon, WA
36 ADDRESS OF FACILITY

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN
37 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 Thos. R. Kovarik
38 DATE SIGNED (MO DAY YR): 8/7/85
39 HOUR OF DEATH (24 HRS): 1120
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
41 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
42 DATE SIGNED (MO DAY YR)
43 HOUR OF DEATH (24 HRS)
44 PRONOUNCED DEAD (MO DAY YR)
45 HOUR PRONOUNCED DEAD (24 HRS)

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Dr. Kovarik 700 NE 87th Ave. Vancouver, Washington 98664

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))
(A) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(B) Atherosclerotic coronary disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH
48 OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Prostate cancer
49 AUTOPSY? (YES NO): No
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES NO): Yes
51 ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)
52 INJURY DATE (MO DAY YR)
53 HOUR OF INJURY (24 HRS)
54 DESCRIBE HOW INJURY OCCURRED
55 INJURY AT WORK? (YES NO)
56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC. (SPECIFY)
57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

FILED FOR RECORD
SKAMANIA CO. WASH
BY Robert Leick
JAN 17 3 36 PM '95
GARY H. OLSON
AUDITOR

58 REGISTRAR SIGNATURE: X Wayne T. Shandera
59 DATE RECEIVED (MO DAY YR): AUG 15 1985

STATE REGISTRAR ONLY: ITEM — DOCUMENTARY EVIDENCE — REVIEWED BY — DATE
ITEM — DOCUMENTARY EVIDENCE — REVIEWED BY — DATE

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed
Valid

SOUTHWEST WASHINGTON HEALTH DISTRICT
SEAL
WASHINGTON

AUG 15 1985

Wayne T. Shandera
WAYNE T. SHANDERA, M.D.
District Health Officer

DSHS 9-641A (3/85)

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