STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Health

CERTIFICATE OF DEATH

1258081
LOCAL FILE NUMBER

BOOK 158 PAGE 537
146
STATE FILE NUMBER

USE ONLY — DISTRICT — COPIES: 6

DECEDENT

1. NAME — First: Frederick — Middle: Porter — Last: COTANT
2. SEX (M / F): Male
3. DEATH DATE (Mo, Day, Yr): June 24, 1996
4. AGE LAST BIRTHDAY (Yrs): 83
5. UNDER 1 YEAR (Mos / Days):
6. UNDER 1 DAY (Hours / Mins):
7. BIRTHDATE (Mo, Day, Yr): 5/29/1913
8. BIRTHPLACE (City, State or Foreign Country): Rockland, ID
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No
10. COUNTY OF DEATH: Skamania
11. CITY, TOWN OR LOCATION OF DEATH: Carson
12. PLACE OF DEATH: (X) HOME — 22 Fremma Road
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify): married
15. SURVIVING SPOUSE (If wife, give maiden name): Emma Amelia Allen
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): Planer Foreman
19. KIND OF BUSINESS OR INDUSTRY: Lumber Mill
20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 22 Fremma Road
23. CITY/TOWN, OR LOCATION: Carson
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO: 30 yrs
26. STATE: WA
27. ZIP CODE: 98610

PARENTS

28. FATHER'S NAME — FIRST, MIDDLE, LAST: Benjamin Bertsel Cotant
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Pauline E. Schiewe

INFORMANT

30. INFORMANT — NAME: Emma Cotant
31. MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP: P.O. Box 609 Carson, WA 98610

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): 6/25/96
34. CEMETERY/CREMATORY — NAME: Win-quatt Crematory
35. LOCATION — CITY/TOWN, STATE: The Dalles, OR
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY: POB 390 White Salmon, WA 98672

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING 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 [signature]
40. DATE SIGNED (Mo, Day, Yr): 6/25/96
41. HOUR OF DEATH (24 Hrs): 1415
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print): Gary R. Barker M.D

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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): Gary Gingrich, M.D. 1815 E. 19th Suite 2 The Dalles, OR 97058
49. ME/CORONER FILE NUMBER:

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:
IMMEDIATE CAUSE (Final disease or condition resulting in death) — a.
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.
b. DUE TO, OR AS A CONSEQUENCE OF:
c. DUE TO, OR AS A CONSEQUENCE OF:
d. DUE TO, OR AS A CONSEQUENCE OF:
INTERVAL BETWEEN ONSET AND DEATH

FILED FOR RECORD
SKAMANIA CO. WASH
BY Emma Cotant
JUL 23 10 15 AM '96
G. Lowry
AUDITOR
GARY H. OLSON

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. DESCRIBE HOW INJURY OCCURRED
58. INJURY AT WORK? (Yes / No):
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE

Indexed Cir ✓
Indirect ✓
Filmed
Mailed

61. RECORD AMENDMENT (Registrar use only) — ITEM / DOCUMENT EVIDENCE / REVIEWED BY / DATE

THE SEAL OF THE STATE OF WASHINGTON 1889

[signature], md

62. DATE RECEIVED (Mo, Day, Yr): JUN 28 1996

FOR INSTRUCTIONS SEE BACK AND HANDBOOK
DOH 110-008 (Rev 7/91) (formerly DSHS 9-150)
DOH 01-003 (8/95)

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY	STATE OFFICE USE ONLY
The record of Birth ❑ Marriage ❑ Death ❑ Dissolution ❑ with	1. STATE FILE NUMBER / for
2. NAME	3. DATE OF EVENT / 4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If Birth, HUSBAND if Marriage/Dissolution)	6. MOTHER'S FULL MAIDEN NAME (If Birth, WIFE if Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8.
9	10
11	12
13	14

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY: 15

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

DOH 110-007 (Rev. 8/95)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

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

This is a legal document.
Complete in ink and do not alter.

JUN 2 3 1996

Karen Steingart

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

DD149963