STATE OF WASHINGTON
DEPARTMENT OF HEALTH

1302

LOCAL FILE NUMBER 126719 **CERTIFICATE OF DEATH** BOOK 160 PAGE 842 STATE FILE NUMBER

District / Copies 5

Field	Entry
1. Name (First, Middle, Last)	Harlan Edwin JOHNSON
2. Sex (M/F)	Male
3. Death Date (Mo, Day, Yr)	September 5, 1996
4. Age last birthday (Yrs)	84
5. Under 1 year (Mos, Days)	
6. Under 1 day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	9/15/1911
8. Birthplace (City, State or Foreign Country)	Mandan, ND
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	Yes
10. County of death	Clark
11. City, town or location of death	Vancouver
12. Place of death	Southwest Washington Medical Center
13. Smoking in last 15 years? (Yes/No)	No
14. Marital status	Married
15. Surviving spouse (if wife, give maiden name)	Helen E. Tuttle
16. Social Security No.	[redacted]
17. Decedent's education (Elementary/Secondary (0-12); College (1-4 or 5+))	4
18. Usual occupation	Biologist
19. Kind of business or industry	US Fish & Wildlife
20. Was decedent of Hispanic origin or descent?	No
21. Race	White
22. Residence—Number and street	621 Cook-Underwood
23. City/town or location	Cook
24. Inside city limits? (Yes/No)	No
25A. County	Skamania
25B. Length of res. in co.	43 yrs
26. State	WA
27. Zip code	98605
28. Father's name—First, middle, last	Edwin - Johnson
29. Mother's name—First, middle, maiden surname	Bessie - Fawcett
30. Informant—Name	Helen Johnson
31. Mailing address (Street or RFD No., City or Town, State, Zip)	621 Cook-Underwood Rd. Cook, WA 98605
32. Burial, cremation, removal, other (Specify)	Rem/Burial
33. Date (Mo, Day, Yr)	9/13/96
34. Cemetery/crematory—Name	Walnut Hill Cemetery
35. Location—City/town, State	Baraboo, WI
36. Funeral director signature	X [signature]
37. Name of facility	GARDNER FUNERAL HOME, INC.
38. Address of facility	POB 390 White Salmon, WA 98672

To be completed only by certifying physician

Field	Entry
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] MD
40. Date signed (Mo, Day, Yr)	9-9-96
41. Hour of death (24 Hrs)	1703
42. Name and title of attending physician if other than certifier (Type or Print)	

To be completed only by medical examiner or coroner

Field	Entry
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)	

Field	Entry
48. Name and address of certifier—physician, medical examiner or coroner (Type or Print)	James G. Janney, III, M.D. POB 1519 White Salmon, WA 98672
49. ME/Coroner file number	

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

Cause	Entry	Interval between onset and death
Immediate cause (Final disease or condition resulting in death) a.	Carcinoma of lung	months
b. Due to, or as a consequence of		
c. Due to, or as a consequence of		
d. Due to, or as a consequence of		

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.

Field	Entry
51. Other significant conditions—conditions contributing to death but not resulting in the underlying cause given above	
52. Autopsy?	Yes
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	
61. Record amendment (Registrar use only) Item / Documentary evidence / Reviewed by / Date	
62. Registrar signature	[signature] M.D.
63. Date received (Mo, Day, Yr)	SEP 13 1996

Recorded / Indexed, Dir / Indirect / Filmed / Mailed

FILED FOR RECORD SKAMANIA CO. WASH BY Helen Johnson NOV 15 4 43 PM '96 [signature] AUDITOR GARY H. OLSON

THE SEAL OF THE STATE OF WASHINGTON 1889

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) Formerly DSHS 8-150

A DOH 01-003 (8/95)

This is a certified copy of the record on file with the Center for Health Statistics. Certified copies must have the official seal.

CERTIFIED

REAL ESTATE EXCISE TAX
18442
NOV 1 8 1996
PAID exempt
[signature], Deputy
SKAMANIA COUNTY TREASURER

OCT 1 5 1996
Karen Steingart, M.D.
Dr. Karen Steingart
Health District Officer
S.W. Wash Health Dist.

D0187406