

WHEN RECORDED RETURN TO:
<u>Roy B. North</u>
<u>P.O. Box 185</u>
<u>Stevenson, Wa. 98648</u>

DOCUMENT TITLE(S)
Death Certificate
REFERENCE NUMBER(S) of Documents assigned or released:
<input type="checkbox"/> Additional numbers on page _____ of document.
GRANTOR(S):
Gerald Stanely North
<input type="checkbox"/> Additional names on page _____ of document.
GRANTEE(S):
the Public
<input type="checkbox"/> Additional names on page _____ of document.
LEGAL DESCRIPTION (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):
<input type="checkbox"/> Complete legal on page _____ of document.
TAX PARCEL NUMBER(S):
<input type="checkbox"/> Additional parcel numbers on page _____ of document.
The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

3-D

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST

2. SEX

3. DEATH DATE (MO DAY YR)

146-8

STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)

5. AGE - LAST BIRTHDAY (YRS)

6. UNDER 1 YEAR MOS.

7. UNDER 1 DAY HOURS

8. BIRTHDATE (MO DAY YR)

9. COUNTY OF DEATH

10. CITY, TOWN OR LOCATION OF DEATH

11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME
1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM 4 HOSPITAL 5 NURSING HOME

12. RECEIVED EMERGENCY CARE
AMBULANCE, FIREFTR, PARAMED?

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

14. CITIZEN OF WHAT COUNTRY

15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

18. SOCIAL SECURITY NO.

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

20. KIND OF BUSINESS OR INDUSTRY

21. RESIDENCE - NUMBER AND STREET

22. CITY/TOWN, OR LOCATION

23. INSIDE CITY LIMITS? (YES/NO)

24. COUNTY

25. STATE

26. FATHER - NAME FIRST, MIDDLE, LAST

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

28. INFORMANT - NAME

29. MAILING ADDRESS
STREET OR RFD NO. CITY OR TOWN STATE ZIP

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)

31. DATE (MO DAY YR)

32. CEMETERY/CREMATORY - NAME

33. LOCATION - CITY/TOWN, STATE

34. FUNERAL DIRECTOR
SIGNATURE

35. NAME OF FACILITY

36. ADDRESS OF FACILITY

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

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.

38. DATE SIGNED (MO DAY YR)

39. HOUR OF DEATH (24 HRS)

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

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)

47. IMMEDIATE CAUSE
(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

INTERVAL BETWEEN ONSET AND DEATH

(A) Cardiac Arrest
DUE TO, OR AS A CONSEQUENCE OF:

Undetermined

(B) Heart Failure
DUE TO, OR AS A CONSEQUENCE OF:

INTERVAL BETWEEN ONSET AND DEATH

(C)

INTERVAL BETWEEN ONSET AND DEATH

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

49. AUTOPSY? (YES/NO)

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

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

58. REGISTRAR
SIGNATURE

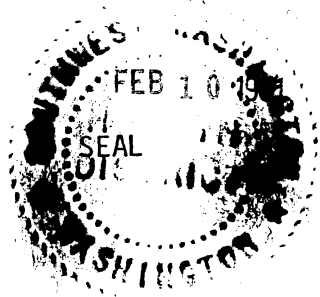
DATE RECEIVED

ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:

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DSHS 9-150 (REV. 1-80)

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the Southwest Washington Health District, Stevenson, Washington.



Robert D. Thornton M.D.
District Health Officer
By Judith Evert
Deputy Registrar