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GRAYS HARBOR-PACIFIC HEALTH DISTRICT
ABERDEEN, WASHINGTON

31489

Vol. M77 Page 11068

Certified Copy of Death Certificate

Issued pursuant to Chapter 90, Laws of 1953

The original certificate of death from which this certified copy has been made will be permanently filed with the Washington State [illegible]

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER — STATE FILE NUMBER

1. DECEASED—NAME (First, Middle, Last): Marc Alvin [illegible]
2. SEX: [illegible]
3. DATE OF DEATH (Month, Day, Year): May 7, 197[illegible]
4. RACE (White, Negro, American Indian, etc.) (Specify): White
5a. AGE—LAST BIRTHDAY (YEARS): 36
5b. UNDER 1 YEAR (Mos, Days):
5c. UNDER 1 DAY (Hours, Min):
6. DATE OF BIRTH (Month, Day, Year): [illegible], 1940
7a. COUNTY OF DEATH: Grays Harbor
7b. CITY, TOWN, OR LOCATION OF DEATH: Westport
7c. INSIDE CITY LIMITS (Specify Yes or No): No
7d. HOSPITAL OR OTHER INSTITUTION—NAME (If not in either, give street and number): Entrance to Grays Harbor at South Pacific Ocean
8. STATE OF BIRTH (If not in U.S.A., name country): Iowa
9. CITIZEN OF WHAT COUNTRY: U S
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Barbara [illegible]
12. SOCIAL SECURITY NUMBER: 481 50 2653
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Technician
13b. KIND OF BUSINESS OR INDUSTRY: [illegible] Co.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

14a. RESIDENCE—STATE: Washington
14b. COUNTY: Grays Harbor
14c. CITY, TOWN, OR LOCATION: Westport
14d. INSIDE CITY LIMITS (Specify Yes or No): Yes
14e. STREET AND NUMBER: P.O. Box 7[illegible]6
15. FATHER—NAME (First, Middle, Last): Otis M. Dasher
16. MOTHER—MAIDEN NAME (First, Middle, Last): [illegible] D. [illegible]
17a. INFORMANT—NAME: Mrs. Barbara Dasher (Wife)
17b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): P.O. Box 786 Westport, Washington [illegible]

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE
(a) Accidental Drowning — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Minutes
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b)
DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not related to cause given in Part I (a)): Body Recovered 1/2 Mile No Connor Creek June 2, 1976 3:30 pm Found
19a. AUTOPSY (Yes or No): no
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (Specify): Accident
20b. DATE OF INJURY (Month, Day, Year): May 7, 1976
20c. HOUR: 5:30 P.M.
20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 18): Boat Capsized
20e. INJURY AT WORK (Specify Yes or No): no
20f. PLACE OF INJURY (At home, farm, street, factory, office bldg., etc.) (Specify): Grays Harbor Bar
20g. LOCATION (Street or R.F.D. No., City or Town, State): Entrance to Grays Harbor at South Pacific Ocean

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (Month, Day, Year) 21b. TO (Month, Day, Year)
21c. AND LAST SAW HIM/HER ALIVE ON (Month, Day, Year)
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: Did
21e. DEATH OCCURRED (HOUR) ___ M AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

22a. 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: 5:30 P.M.
22b. THE DECEDENT WAS PRONOUNCED DEAD (Month, Day, Year): June 2, 1976 — HOUR: [illegible] M
23a. CERTIFIER—NAME (Type or print): [illegible] Jex, GH Coroner
23b. SIGNATURE: [signature]
DEGREE OR TITLE: Coroner
23c. DATE SIGNED (Month, Day, Year): 6-4-76
23d. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip): 2122 [illegible], Aberdeen, Washington [illegible]
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. CEMETERY OR CREMATORY—NAME: Fern Hill Cemetery
24c. LOCATION (City or Town, State): Aberdeen, Washington
24d. DATE (Month, Day, Year): June 3, 1976
25a. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip): Coleman [illegible], Inc. P.O. Box 1[illegible]7 [illegible], Washington
25b. FUNERAL DIRECTOR—SIGNATURE: [signature]
26a. REGISTRAR—SIGNATURE: [signature]
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUN 4 1976

DSHS 9-101 (6-73) (NEA 67) (Formerly S.F. 8191)

This is to certify that the foregoing is a true, full, and correct copy of the original certificate of death of MARC ALVIN DASHER *temporarily on file in this office.*

[signature]
Health Officer and Registrar

By Betty Carlson

Aberdeen, Wash., 6-4- 1976

Ret: Barbara E Dasher
Box 786
Westport Wn 98595

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of JUNE A.D., 19 77 at 2:08 o'clock P M., and duly recorded in Vol M77, of DEEDS on Page 11068

WM. D. MILNE, County Clerk

By Hazel Drazil Deputy

FEE $ 3.00