Certified Copy of Death Certificate

74026 '79 SEP 17 AM 11 30 Vol. M79 Page 22033

DSHS 9-150 (REV. 4-78) (HEA-195) TYPE OR PRINT IN PERMANENT INK

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
7677 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1262 STATE FILE NUMBER

DECEASED

1 DECEASED - NAME: Marvin Lester Strode
2 SEX: Male
3 DATE OF DEATH (MONTH, DAY, YEAR): May 17, 1979
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): White
5a AGE - LAST BIRTHDAY (YEARS): 50
5b UNDER 1 YEAR - MOS. / DAYS:
5c UNDER 1 DAY - HOURS / MIN.:
6 DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 23, 1928
7a COUNTY OF DEATH: Spokane
7b CITY, TOWN OR LOCATION OF DEATH: Spokane
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Veterans Administration Medical Center
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Washington
9 CITIZEN OF WHAT COUNTRY: USA
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Norma J. Hall
12 SOCIAL SECURITY NUMBER: 541 24 1652
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Safety Administrator
13b KIND OF BUSINESS OR INDUSTRY: Corporations
14a RESIDENCE - STATE: Washington
14b COUNTY: Asotin
14c CITY, TOWN, OR LOCATION: Clarkston
14d INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e STREET AND NUMBER: 1315 Pound Lane

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

PARENTS

15 FATHER - NAME: Earl A. Strode
16 MOTHER - MAIDEN NAME: Laura F. Winter
17a INFORMANT - NAME: Norma J. Strode
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 1315 Pound Lane, Clarkston, Washington 99403

CAUSE

PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18 IMMEDIATE CAUSE
(a) Reticulum cell sarcoma stage IV — 16 months
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): Generalized arteriosclerosis, cardiovascular accident and Myocardial infarction (old)
19a AUTOPSY (YES OR NO): No
19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:
20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b DATE OF INJURY (MONTH, DAY, YEAR):
20c HOUR:
20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e INJURY AT WORK (SPECIFY YES OR NO):
20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR): 5/14/79
21b TO (MONTH, DAY, YEAR): 5/17/79
21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR):
21d I DID/DID NOT VIEW THE BODY AFTER DEATH: Did Not
21e DEATH OCCURRED (HOUR): 6:10 PM. (AT THE PLACE ON THE DATE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES 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:
22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR):
23a CERTIFIER — NAME (TYPE OR PRINT): HILMI MAVIOGLU, M. D.
23b SIGNATURE: [signature]
23c DEGREE OR TITLE: Staff Physician
23d DATE SIGNED (MONTH, DAY, YEAR): 5/18/79
23e MAILING ADDRESS — CERTIFIER: V. A. Medical Center — STREET OR R.F.D. NO.: N. 4815 Assembly — CITY OR TOWN: Spokane — STATE: Washington — ZIP: 99208

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Removal/Burial
24b CEMETERY OR CREMATORY — NAME: Vineland Cemetery
24c LOCATION — CITY OR TOWN, STATE: Clarkston, Washington
24d DATE (MONTH, DAY, YEAR): May 21, 1979
25a FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Malcom's Brower-Wann -- Box 797 -- Lewiston, Idaho 83501
25b FUNERAL DIRECTOR — SIGNATURE: Marshall R. Harwick
26a REGISTRAR — SIGNATURE: M. MARASHI M.D.
26b DATE RECEIVED BY LOCAL REGISTRAR: MAY 31 1979

I HEREBY CERTIFY that the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

Norma J. Strode
1315 Pound Lane
Clarkston, Wash. 99403

SPOKANE COUNTY HEALTH DISTRICT
West 1101 College Avenue

M. Marashi M.D.
Health Officer and Registrar

By Gertrude Hudson

Spokane, WA June 1, 1979

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 17th day of September A.D., 19 79 at 11:30 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 22033.

FEE $3.50

WM. D. MILNE, County Clerk

By Bernetha Hetsch Deputy