TYPE, OR PRINT IN PERMANENT INK

89828 LOCAL FILE NUMBER

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

CERTIFICATE OF DEATH

Vol. M80 Page 17721

STATE FILE NUMBER

DECEASED

1 DECEASED—NAME (FIRST, MIDDLE, LAST): WESLEY G. NIGH

2 SEX: Male

3 DATE OF DEATH (MONTH, DAY, YEAR): December 13, 1979

4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): White

5a AGE—LAST BIRTHDAY (YEARS): 43

5b UNDER 1 YEAR (MOS / DAYS):

5c UNDER 1 DAY (HOURS / MIN.):

6 DATE OF BIRTH (MONTH, DAY, YEAR): 3-11-1936

7a COUNTY OF DEATH: Pierce

7b CITY, TOWN, OR LOCATION OF DEATH: Tacoma

7c INSIDE CITY LIMITS (SPECIFY YES OR NO): no

7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 4211 Olympic Blvd. West

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Illinois

9 CITIZEN OF WHAT COUNTRY: U. S.

10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Carolyn V. Carroll

12 SOCIAL SECURITY NUMBER: 548-44-2886

13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Professor

13b KIND OF BUSINESS OR INDUSTRY: University of Puget Sound

14a RESIDENCE—STATE: Washington

14b COUNTY: Pierce

14c CITY, TOWN, OR LOCATION: Tacoma

14d INSIDE CITY LIMITS (SPECIFY YES OR NO): no

14e STREET AND NUMBER: 4211 Olympic Blvd. W.

PARENTS

15 FATHER—NAME (FIRST, MIDDLE, LAST): Louis U. Nigh

16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Ardith Laking

17a INFORMANT—NAME: Carolyn V. Nigh (Wife)

17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4211 Olympic Blvd. W., Tacoma, Wash. 98466

CAUSE OF DEATH

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) *Coronary Occlusion (R) coronary artery* — *Hrs*

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)

19 AUTOPSY (WERE PERFORMED): YES

20 WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?: Yes

21a ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)

21b DATE OF INJURY (MONTH, DAY, YEAR)

21c HOUR

21d HOW INJURY OCCURRED (DESCRIBE)

22a INJURY AT WORK (SPECIFY YES OR NO)

22b PLACE OF INJURY (SPECIFY)

22c LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

CERTIFICATION

23a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) TO (MONTH, DAY, YEAR)

23b I LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)

23c I DID/DID NOT VIEW THE BODY AFTER DEATH

23d TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE HOUR, ON THE DATE, AND FROM THE CAUSES STATED

24a CERTIFICATION—CORONER OR MEDICAL EXAMINER: AN EXAMINATION OF THE BODY AND/OR THE INVESTIGATION OF THE DEATH DISCLOSED ON THE DATE AND DUE TO THE CAUSES STATED

24b HOUR OF DEATH: 2 P.M.

24c THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY): 12-13-1979

24d HOUR

24e CERTIFIER—NAME (TYPED OR PRINTED): Jack Davelaar, Coroner

24f SIGNATURE: Jack Davelaar Coroner

24g DATE SIGNED (MONTH, DAY, YEAR): 12-17-79

24h MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 3629 South D Street, Tacoma, Washington 98408

DISPOSITION

25a BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

25b CEMETERY OR CREMATORY—NAME: Mountain View Crematory

25c LOCATION (CITY OR TOWN, STATE): Tacoma, Washington

25d DATE (MONTH, DAY, YEAR): December 19, 1979

25e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Mountain View Funeral Home, 4100 Steilacoom Blvd. S. W. 98499

25f FUNERAL DIRECTOR—SIGNATURE: [signature]

26 REGISTRAR—SIGNATURE

26a DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

DSHS 9-181 (REV. 9/78)

State of Washington
County of Pierce

Date December 19, 1979

This is to certify that the foregoing is a reproduction of the original record filed with the Department of Health.

Mountain View Funeral Home
by Laverne Henish

On the above date Laverne Henish appeared before me and certified to the above statement.

[signature]

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 18th day of September A.D., 19 80 at 1:20 o'clock P M., and duly recorded in Vol M80, of Deeds on Page 17721.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha A Letsch Deputy

JAMES E. McCOBB, P.C.
ATTORNEYS AT LAW
1763 WASHBURN WAY
P.O. Box 5050
KLAMATH FALLS, OREGON 97601

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