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Vol. M88 Page 18087

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 146-8

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEDENT

1 NAME FIRST MIDDLE LAST: Walter Alexander Ellingson
2 SEX: Male
3 DEATH DATE (MO DAY YR): June 29, 1985
4 RACE (WHITE BLACK AM IND ETC (SPECIFY): White
5 AGE LAST BIRTH DAY (YRS): 78
6 UNDER 1 YEAR: MOS DAYS
7 UNDER 1 DAY: HOURS MINS
8 BIRTHDATE (MO DAY YR): June 23, 1907
9 COUNTY OF DEATH: Benton
STATE FILE NUMBER
10 CITY, TOWN OR LOCATION OF DEATH: Richland
11 PLACE OF DEATH (☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME): 0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM OUT PTN 4 ☐ HOSP 5 ☐ NHR HOME 6 ☐ OTHER PLACE: Life Care Center
12 RECEIVED EVERY AMBULANCE TRIP: No
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Wisconsin
14 CITIZEN OF WHAT COUNTRY: U.S.A.
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Eleanor Dreher
17 WAS DECEDENT U.S. ARMED FORCES: No.
18 SOCIAL SECURITY NO: 541-05-5243
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Mill Worker
20 KIND OF BUSINESS OR INDUSTRY: Lumber
21 RESIDENCE NUMBER AND STREET: Box 525
22 CITY TOWN, OR LOCATION: Bly
23 INSIDE CITY LIMITS? (YES NO): Yes
24 COUNTY: Klamath
25 STATE: Oregon

PARENTS

26 FATHER NAME FIRST MIDDLE LAST: Christian Peter Ellingson
27 MOTHER MAIDEN NAME FIRST MIDDLE LAST: Louise Evanson

INFORMANT

28 INFORMANT NAME: Eleanor Ellingson
29 MAILING ADDRESS STREET OR RFD NO: Rt. 2 Box 98
CITY OR TOWN: Irrigon, Oregon
STATE: 97844
ZIP

DISPOSITION

30 BURIAL CREMATION REMOVAL OTHER (SPECIFY): Removal-Burial
31 DATE (MO DAY YR): July 2, 1985
32 CEMETERY CREMATORY NAME: Desert Lawn Cemetery
33 LOCATION CITY TOWN STATE: Irrigon, Oregon
34 FUNERAL DIRECTOR SIGNATURE: X Joseph E. Burns
35 NAME OF FACILITY: Burns Mortuary
36 ADDRESS OF FACILITY: P.O. Box 289 Hermiston

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE: X Juan H. Resol, M.D.
38 DATE SIGNED (MO DAY YR): 7/1/85
39 HOUR OF DEATH (24 HRS): 0730
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
41 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Juan H. Resol M.D. 527 W. Park Pasco, Washington 99301

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
SIGNATURE AND TITLE: X
42 DATE SIGNED (MO DAY YR)
43 HOUR OF DEATH
44 PRONOUNCED DEAD (MO DAY YR)
45 HOUR PRONOUNCED DEAD

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE (LAST)

46 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) AND (C)):
(A) Coronary Occlusion
DUE TO, OR AS A CONSEQUENCE OF
(B) Arteriosclerotic Heart Disease
DUE TO, OR AS A CONSEQUENCE OF
(C)
INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
INTERVAL BETWEEN ONSET AND DEATH:
48 OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
49 AUTOPSY? (YES NO): No
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER: 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 OCCURED
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: X Hubert L. Cahn M.D.

FOR STATE REGISTRAR USE ONLY

60 ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE | ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

59 DATE RECEIVED BY REGISTRAR: JUL 01 1985

DSHS 9-150 (REV. 1-82)

Benton-Franklin District
Health Department
506 McKenzie
Richland, Washington 99352

Hubert L. Cahn M.D.
District Health Officer
Date: July 1, 1985

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

DSHS 9-841A (5/85)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of Oct. A.D., 19 88 at 11:47 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 18087 the 26th day

Evelyn Biehn, County Clerk
By Pauline Mullendore

FEE $8.00

Return: Eleanor Ellingson
Rt. 2, Box 98, Irrigon, Or. 97844