18361

'90 AUG 1 PM 12 39 Vol. M90 Page 15372

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

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

1212 — LOCAL FILE NUMBER

146-8 & 15118 — STATE FILE NUMBER

DECEDENT

1. NAME—FIRST, MIDDLE, LAST: CHARLES VICTOR SHUCK
2. SEX: M
3. DEATH DATE (Mo., Day, Yr.): June 22, 1988
4. AGE—LAST BIRTHDAY (Yrs): 83
5. UNDER 1 YEAR: MOS. / DAYS
6. UNDER 1 DAY: HOURS / MINS.
7. BIRTHDATE (Mo., Day, Yr.): SEP 7, 1904
8. COUNTY OF DEATH: SNOHOMISH
9. CITY, TOWN OR LOCATION OF DEATH: Mukilteo
10. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. [X] HOME 2. [ ] IN TRANSPORT 3. [ ] EMERG. RM/OUT PTN. 4. [ ] HOSP. 5. [ ] NUR. HOME 6. [ ] OTHER PLACE — 5029 84th Street S.W.
11. BIRTH STATE (If not in USA give country): ORE.
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
13. SPOUSE (If Wife give Maiden Surname): ALICE CHIESLAK
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): NO
15. SOCIAL SECURITY NO.: 542-40-8292
16. HIGH SCHOOL GRADUATE (Yes/No): YES
17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.): INSURANCE
18. KIND OF BUSINESS OR INDUSTRY: REPRESENATIVE
19. RACE (White, Black, Am. Ind., etc., Specify): WHITE
20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify Cuban, Mexican, Puerto Rican, etc.): 1. [ ] Yes 2. [X] No (specify)
21. SMOKING IN LAST 15 YEARS (Yes/No): NO
22. RESIDENCE—NUMBER AND STREET: ANDERSON rd.
23. CITY/TOWN, OR LOCATION: MERRILL
24. INSIDE CITY LIMITS? (Yes/No): NO
25. COUNTY: KALAMET
26. STATE: ORE
27. ZIP CODE: 97633

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: CHARLES V. SHUCK SR.
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: NOT AVAILABLE
30. INFORMANT—NAME: MRS. ALICE SHUCK
31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): P.O.# 133 MERRILL, ORE. 97633

Disposition

32. BURIAL, CREMATION, REMOVAL; OTHER (Specify): CREMATION
33. DATE (Mo., Day, Yr.): JUNE 24, 1988
34. CEMETERY/CREMATORY—NAME: CYPRESS LAWN CEMETERY
35. LOCATION—CITY/TOWN, STATE: EVERETT, WASHINGTON
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: GILBERTSON FUNERAL HOME
38. ADDRESS OF FACILITY: STANWOOD, WASHINGTON

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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
40. DATE SIGNED (Mo., Day, Yr.):
41. HOUR OF DEATH (24 Hrs.):
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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 Eric L. Kiesler
44. DATE SIGNED (Mo., Day, Yr.): June 22, 1988
45. HOUR OF DEATH (24 Hrs.): A.M.
46. PRONOUNCED DEAD (Mo., Day, Yr.): June 22, 1988
47. HOUR PRONOUNCED DEAD (24 Hrs.): 1043

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Case 88-678
Eric L. Kiesel, M.D., Ph.D. Room 120 Courthouse, Everett, Washington 98201

CAUSE OF DEATH

49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

(A) Probable-Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF:
(B) — INTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF:
(C) — INTERVAL BETWEEN ONSET AND DEATH

50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
51. AUTOPSY? (Yes, No): No
52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Yes/No): Yes

53. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
54. INJURY DATE (Mo., Day, Yr.)
55. HOUR OF INJURY (24 Hrs.)
56. DESCRIBE HOW INJURY OCCURRED
57. INJURY AT WORK? (Yes/No)
58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify)
59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

60. REGISTRAR SIGNATURE: X M. Lloyd Finch MD
61. DATE RECEIVED (Mo., Day, Yr.): JUN 27 1988

FOR STATE REGISTRAR USE ONLY

62. ITEM / DOCUMENTARY EVIDENCE: / REVIEWED BY: / DATE:
63. ITEM / DOCUMENTARY EVIDENCE: / REVIEWED BY: / DATE:

DSHS 9-150 (Rev. 1-88) 1507

DSHS 9-641A (11/85)

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co. the 1st day of Aug. A.D., 19 90 at 12:39 o'clock P M., and duly recorded in Vol. M90, of Deeds on Page 15372.

Evelyn Biehn County Clerk
By Pauline Mulendore

FEE $8.00

Return: Vernon Shuck
P.O. Box 81, Fort Jones, Ca. 96032