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OFFICE USE ONLY

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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

9 13633

146 STATE FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)
Raymond F. FOX	Male	June 1, 1989

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTH STATE (if not in USA give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
71			Apr. 18, 1918	Michigan	USA	Cowlitz

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN. 4 ☐ HOSP 5 ☐ NUR. HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Longview	St. Johns Medical Center X	No

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (if wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO	18. HIGH SCHOOL GRADUATE? (Yes/No)
married	Dorothy S. Scales	no	199-03-7237	yes

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS OR INDUSTRY	21. Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify)
retired	municipal court		white

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
203 Monroe St.	Ryderwood	yes	Cowlitz	Washington	98591

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Cecil A. Franklin	Myrtle Ames

31. INFORMANT—NAME	32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Dorothy S. Fox	PO BOX 184 Ryderwood, WA 98581

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo., Day, Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Cremation	June 2, 1989	Green Hills Memorial Gardens	Kelso, Washington

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS (STREET OR P.O. BOX, CITY, STATE, ZIP)
Joseph F. O'Boyle	Steele Chapel at Longview Memorial Park	PO BOX 247 Longview, WA 98632

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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 Frank D. Eigner, MD

42. DATE SIGNED (Mo., Day, Yr.): 6/6/89

43. HOUR OF DEATH (24 Hrs.): 0028

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Frank D. Eigner MD 1230 7th Longview, WA 98632

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

44. DATE SIGNED (Mo., Day, Yr.)

45. HOUR OF DEATH (24 Hr.)

47. PRONOUNCED DEAD (Mo., Day, Yr.)

49. HOUR PRONOUNCED DEAD (24 Hrs.)

50. 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

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Pneumonia	1 week
DUE TO, OR AS A CONSEQUENCE OF: (B)	Metastatic Malignant Melanoma	1 yr
DUE TO, OR AS A CONSEQUENCE OF: (C)		

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52. AUTOPSY? (Yes, No): no

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): no

54. ACC., SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. REGISTRAR SIGNATURE: X Allen Melnick MD

62. DATE RECEIVED (Mo., Day, Yr.): JUN 8 1989

DSHS 9-150 (Rev. 1-89) -116

DOH 01-003 (7/89)

Return: Dorothy Fox
P.O. Box 184
Ryderwood, Wa. 98581

STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

on this 3rd day of Feb. A.D., 19 92
at 11:15 o'clock A M. and duly recorded
in Vol. M92 of Deeds Page 2240.
Evelyn Biehn County Clerk
By Darlene Mullendore Deputy.

Fee, $15.00

JAN 29 1992

DO NOT DESTROY

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