

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

CERTIFICATE OF DEATH

9 13633

LOCAL FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST Raymond F. FOX				2. SEX Male		3. DEATH DATE (Mo., Day, Yr.) June 1, 1989		146		STATE FILE NUMBER							
4. AGE LAST BIRTH-DAY (Yr.) 71		5. UNDER 1 YEAR MO. DAYS 71		6. UNDER 1 DAY HOURS MIN. Apr. 18, 1918		7. BIRTH DATE (Mo., Day, Yr.) Michigan		8. BIRTH STATE (if not in USA give country) USA		9. CITIZEN OF WHAT COUNTRY? Cowlitz							
11. CITY, TOWN OR LOCATION OF DEATH Longview				12. PLACE OF DEATH— ☒ HOME ☐ IN TRANSPORT ☐ EMERG. ROOM/OUT PTN. ☐ HOSP. ☐ NUR. HOME ☐ OTHER PLACE St. Johns Medical Center				13. SMOKING IN LAST 15 YEARS? (Yes/No) NO									
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) married		15. SURVIVING SPOUSE (if wife, give maiden name) Dorothy S. Scales		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		17. SOCIAL SECURITY NO. 99-03-7237		18. HIGH SCHOOL GRADUATE? (Yes) YES									
19. USUAL OCCUPATION (Give kind of work done during week of decease and last day of life) retired				20. KIND OF BUSINESS OR INDUSTRY municipal court				21. Was Decedent of Hispanic Origin or descent? (Ancestry) (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.) white							
23. RESIDENCE—NUMBER AND STREET 203 Monroe St.				24. CITY/TOWN OR LOCATION Ryderwood		25. INSIDE CITY LIMITS? (Yes/No) YES		26. COUNTY Cowlitz		27. STATE Washington							
28. ZIP CODE 98591				29. FATHER'S NAME—FIRST, MIDDLE, LAST Cecil A. Franklin				30. MOTHER'S NAME—FIRST, MIDDLE, SURNAME Myrtle Ames									
31. INFORMANT—NAME Dorothy S. Fox				32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP PO BOX 184 Ryderwood, WA 98581													
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo., Day, Yr.) June 2, 1989		35. CEMETERY/CREMATORY—NAME Green Hills Memorial Gardens				36. LOCATION—CITY/TOWN, STATE Kelso, Washington									
37. FUNERAL DIRECTOR NAME Joseph F. O'Boyle		38. NAME OF FACILITY Steele Chapel at Longview Memorial Park		39. ADDRESS 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						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.) 6/6/89						43. HOUR OF DEATH (24 Hrs.) 0028											
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Frank D. Eigner MD 1230 7th Longview, WA 98632						45. HOUR OF DEATH (24 Hrs.) 0028											
46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Frank D. Eigner MD 1230 7th Longview, WA 98632						47. PRONOUNCED DEAD (Mo., Day, Yr.) NO											
48. 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 conditional, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST						<table border="1"> <tr> <td>(A) Pneumonia</td> <td>INTERVAL BETWEEN ONSET AND DEATH 1 week</td> </tr> <tr> <td>(B) Metastatic Malignant Melanoma</td> <td>INTERVAL BETWEEN ONSET AND DEATH 1 yr</td> </tr> <tr> <td>(C)</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> </table>						(A) Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 1 week	(B) Metastatic Malignant Melanoma	INTERVAL BETWEEN ONSET AND DEATH 1 yr	(C)	INTERVAL BETWEEN ONSET AND DEATH
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(C)	INTERVAL BETWEEN ONSET AND DEATH																
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE						52. AUTOPSY? (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						62. DATE RECEIVED (Mo., Day, Yr.) JUN 8 1989											

DHHS 9-150 (Rev. 1-88)-110

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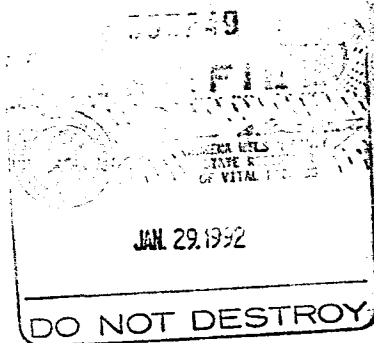
Return: Dorothy Fox
P.O. Box 184
Ryderwood, Wa. 98581

STATE OF OREGON, ss.
County of Klamath

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 Pauline Mullenders
Deputy.

Fee, \$15.00



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