

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

Volume 2 Page 28870

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1 NAME—FIRST, MIDDLE, LAST JAMES VERNON HAWKINS				2 SEX Male		3 DEATH DATE (Mo., Day, Yr.) 8-20-1990		146		3 23385							
4 AGE LAST BIRTH-DAY (Yr.) 58		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH-DATE (Mo., Day, Yr.) 1-25-1932		8 BIRTH STATE (if not in USA give country) Indiana		9 STATE FILE NUMBER Island							
11 CITY, TOWN OR LOCATION OF DEATH Coupeville				12 PLACE OF DEATH 1 HOME 2 IN TRANSIT 3 BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Whidbey General Hospital				10 COUNTRY OF DEATH USA		13 SMOKING IN LAST 15 YEARS? (Yes/No) Yes							
14 MARITAL STATUS — Married Never Married Widowed Divorced (Specify) Married		15 SURVIVING SPOUSE (if wife give maiden name) Joan Elsasser				16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) NO		17 SOCIAL SECURITY NO 530-38-6098		18 HIGH SCHOOL GRADUATE? (Yes/No) Yes							
19 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIREE) Engineer				20 KIND OF BUSINESS OR INDUSTRY Lockheed Plants				21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No if Yes specify Cuban, Mexican, Puerto Rican, etc.) NO		22 RACE (White, Black, Asian or Pacific Islander, Am. Ind. Hispanic, etc.) (Specify) White							
23 RESIDENCE - NUMBER AND STREET 6342 S. Apple Lane				24 CITY/TOWN OR LOCATION Freeland		25 INSIDE CITY LIMITS? (Yes/No) NO		26 COUNTY Island		27 STATE Washington							
29 FATHER'S NAME—FIRST, MIDDLE, LAST James Monroe Hawkins				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Geneva Paulson				28 ZIP CODE 98249									
31 INFORMANT—NAME Joan Hawkins				32 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP P.O. Box 368, Freeland, Washington 98249													
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34 DATE (Mo., Day, Yr.) 8-22-1990		35 CEMETERY/CREMATORY—NAME Island Crematory				36 LOCATION—CITY/TOWN STATE Oak Harbor, Washington									
37 FUNERAL DIRECTOR SIGNATURE AND TITLE <i>Herman Visser</i>				38 NAME OF FACILITY Hedggcock-Visser F.H.				39 ADDRESS OF FACILITY Langley, Washington									
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER											
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 <i>Kirk H. Prindle</i> M.D.						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 <i>X</i>											
42 DATE SIGNED (Mo., Day, Yr.) 08-21-90				43 HOUR OF DEATH (24 Hrs) 1543		44 DATE SIGNED (Mo., Day, Yr.)				45 HOUR OF DEATH (24 Hrs)							
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Kirk H. Prindle, 3901 Hoyt Ave., Everett, Washington 98201						47 PRONOUNCED DEAD (Mo., Day, Yr.)											
48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)						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						<table border="1"> <tr> <td>(A) <i>Cardiac Arrest</i></td> <td>INTERVAL BETWEEN ONSET AND DEATH <i>20</i></td> </tr> <tr> <td>(B) <i>CITF</i></td> <td>INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i></td> </tr> <tr> <td>(C) <i>Cardiac myopathy</i></td> <td>INTERVAL BETWEEN ONSET AND DEATH <i>Decade</i></td> </tr> </table>						(A) <i>Cardiac Arrest</i>	INTERVAL BETWEEN ONSET AND DEATH <i>20</i>	(B) <i>CITF</i>	INTERVAL BETWEEN ONSET AND DEATH <i>15 min</i>	(C) <i>Cardiac myopathy</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Decade</i>
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(C) <i>Cardiac myopathy</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Decade</i>																
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE																	
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 AUTOPSY? (Yes/No) No		59 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No							
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 <i>X Barbara Cope</i>						62 DATE RECEIVED (Mo., Day, Yr.) 09-04-90											

DOH 110-003 (Rev. 8/89) (formerly DSHS 9-150)

DOH 01-003 (7/89)

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

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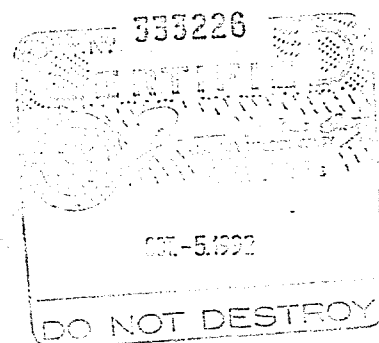
Return: John R. Hawkins
2310 Watson St
Klamath Falls, Or. 97603

STATE OF OREGON, ss.
County of Klamath

Filed for record at request of:

on this 7th day of Dec. A.D., 19 92
at 11:30 o'clock A M. and duly recorded
in Vol. M92 of Deeds Page 28870
Evelyn Biehn County Clerk
By Dorothy M. Henderson Deputy.

Fee, \$15.00



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