STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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0372 — LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 — STATE FILE NUMBER

10-08-93P01:07 RCVD

1. NAME: First JOHN / Middle BERNARD / Last HONAN	2. SEX: Male	3. DEATH DATE: July 27, 1993	
4. AGE LAST BIRTHDAY (Yrs): 76	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE: Aug 5, 1916
8. BIRTHPLACE (City, State or Foreign Country): Lebanon, Indiana	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): Yes	10. COUNTY OF DEATH: Clallam	
11. CITY, TOWN OR LOCATION OF DEATH: Sequim	12. PLACE OF DEATH: ☒ 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: 117 Hogans Vista Dr.	13. SMOKED IN LAST 10 YEARS? (Yes / No): Yes	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Widowed	15. SURVIVING SPOUSE (If wife, give maiden name): Deceased	16. SOCIAL SECURITY NO.: 303-14-8603	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5+): 5+
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Logistics Engineer	19. KIND OF BUSINESS OR INDUSTRY: Lockheed	20. Was Decedent of Hispanic origin or descent? (Answer: (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No	21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 117 Hogans Vista Dr.	23. CITY/TOWN, OR LOCATION: Sequim	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Clallam / 25B. LENGTH OF RES. IN CO.: 15 yrs / 26. STATE: WA / 27. ZIP CODE: 98382
28. FATHER'S NAME—FIRST, MIDDLE, LAST: John B. Honan	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Opal Coulson		
30. INFORMANT—NAME: Bridget Honan	31. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): 510 Miller Island Rd. Klamath Falls, OR 97603		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	33. DATE (Mo. Day. Yr): 7/30/1993	34. CEMETERY/CREMATORY—NAME: Mt. Angeles Crematory	35. LOCATION—CITY/TOWN, STATE: Port Angeles, WA 98362
36. FUNERAL DIRECTOR (SIGNATURE): X 1584	37. NAME OF FACILITY: Sequim Valley Chapel	38. ADDRESS OF FACILITY: PO 297 Sequim, WA 98382	

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS 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)

43. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Deborah S. Kelly, Dep. Coroner 223 E. 4th, Port Angeles, WA 98362

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 WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X Deborah S. Kelly — Deputy Coroner

44. DATE SIGNED (Mo., Day, Yr): July 28, 1993

45. HOUR OF DEATH (24 Hrs): unknown

46. PRONOUNCED DEAD (Mo., Day, Yr): July 27, 1993

47. HOUR PRONOUNCED DEAD (24 Hrs.): 0942

48. CME/CORONER FILE NUMBER

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY THE CAUSE OR EACH LINE.
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.	Asphyxiation	
B.	DUE TO, OR AS A CONSEQUENCE OF:	
C.	DUE TO, OR AS A CONSEQUENCE OF:	
D.	DUE TO, OR AS A CONSEQUENCE OF:	

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): Yes

54. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED
accident	7/27/93	unknown	deceased fell between railing and floor of fairway

58. INJURY AT WORK? (Yes / No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	59A. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE
no	home	117 Hogans Vista Dr. Sequim, Wa.

61. RECORD AMENDMENT (Registrar use only)
ITEM — DOCUMENTARY EVIDENCE — REVIEWED BY — DATE

62. REGISTRAR — REGISTERED

63. DATE RECEIVED (Mo., Day, Yr): JUL 30 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-009 (Rev. 7/93)

COPY OF RECORD ON FILE WITH CENTRAL OFFICE

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Bridget Honan the 8th day of Oct. A.D., 19 93 at 1:07 o'clock P M., and duly recorded in Vol. M93, of Deeds on Page 26269.

Evelyn Biehn - County Clerk
By Pauline Mueller

FEE $10.00
Return: Bridget Honan, 510 Miller Is. Rd.,
Klamath Falls, Or. 97603