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Health

Vol. M95 Page 23152

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First Middle Last WILLIAM GEORGE MARR JR.			2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) August 3, 1995	
4. AGE LAST BIRTHDAY (Yrs) 81		5. UNDER 1 YEAR MOS DAYS 105		6. UNDER 1 DAY HOURS MINS 105		7. BIRTHDATE (Mo, Day, Yr) 6/4/1914
8. BIRTHPLACE (City, State or Foreign Country) Bronx, NY			9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Clallam	
11. CITY, TOWN OR LOCATION OF DEATH Port Angeles			12. PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Crestwood Convalescent Center			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) Clara Bell Becker		16. SOCIAL SECURITY NO. 558-16-4030		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (3-12) College (11-4 or 5-+) 4
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Surveyor		19. KIND OF BUSINESS OR INDUSTRY US Government		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No		21. RACE (Specify) Caucasian
22. RESIDENCE—NUMBER AND STREET 150 Tye Rd.		23. CITY/TOWN, OR LOCATION Sequim		24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Clallam	25B. LENGTH OF RES IN CO 11yrs
26. STATE WA		27. ZIP CODE 98382				
28. FATHER'S NAME—FIRST, MIDDLE, LAST William George Marr Sr.			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Dorothy A. Wind			
30. INFORMANT—NAME Clara Bell Marr			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 150 Tye Rd. Sequim Washington 98382			
32. BURIAL/CREMATION REMOVAL OTHER (Specify) Cremation		33. DATE (Mo, Day, Yr) 8/4/95		34. CEMETERY/CREMATORY—NAME Mt. Angeles Crematory		
35. LOCATION—CITY/TOWN, STATE Port Angeles, WA 98362		36. FUNERAL DIRECTOR SIGNATURE <i>Charles Allen</i>		37. NAME OF FACILITY Olympic Cremation Association		
38. ADDRESS OF FACILITY PO Box 503		39. ADDRESS OF FACILITY Port Angeles, WA 98362				
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 <i>Paul E. Pederson, MD</i>			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 <i>X</i>			
40. DATE SIGNED (Mo., Day, Yr) August 4, 1995		41. HOUR OF DEATH (24 Hrs.) 1202		44. DATE SIGNED (Mo., Day, Yr)		
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)		
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Paul E. Pederson 912 Caroline Port Angeles, WA 98362			49. MEDICORNER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:						
IMMEDIATE CAUSE (Final disease or condition resulting in death). Right Basal Ganglia Hemorrhagic Stroke		INTERVAL BETWEEN ONSET AND DEATH 10 days				
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. Atherosclerotic Vascular Disease		INTERVAL BETWEEN ONSET AND DEATH years		
C. Chronic Obstructive Pulmonary Disease		INTERVAL BETWEEN ONSET AND DEATH				
D. Chronic Obstructive Pulmonary Disease		INTERVAL BETWEEN ONSET AND DEATH				
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE. Chronic Obstructive Pulmonary Disease			52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No	
54. ACC. SUICIDE, HOMICIDE, 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. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. REGISTRAR SIGNATURE <i>Paul E. Pederson</i>		63. DATE RECEIVED (Mo., Day, Yr) AUG 4 1995		

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (Automatic CSMS 8-15/91)

A 01-103 (7-94)

Filed for Record at Request of, and when recorded return to:
Michael R. Hastings, Attorney at Law, P.O. Box 2289, Sequim, WA 98382

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CLERK OF THE HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Michael Hastings the 28th day
of Aug A.D., 19 95 at 11:40 o'clock A M., and duly recorded in Vol. M95
of Deeds on Page 23152

FEE \$10.00

By Bernetha G. Leitch, County Clerk
Bernetha G. Leitch