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MTC 44474

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK
354 44474
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146 5 39367
STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	ALBERT LEWIS BRAVO JR.
2. Sex (M / F)	MALE
3. Death Date (Mo, Day, Yr)	DECEMBER 21, 1995
4. Age Last Birthday (Yrs)	63
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	APR. 3,1932
8. Birthplace (City, State or Foreign Country)	OAKLAND, CALIF.
9. Was Decedent Ever in U.S. Armed Forces? (Yes / No)	YES
10. County of Death	ISLAND
11. City, Town or Location of Death	CAMANO ISLAND
12. Place of Death—Home / In Transport / Emerg. Room/Out Pt / Hosp. / Nursing Home / Other Place; then give address or institution name	HOME — 1502 S.E. CAMANO DR.
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)	ANITA L. DAVY
16. Social Security No.	558-40-2325
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)	12
College (1-4 or 5+)	1
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	SALES
19. Kind of Business or Industry	AUTO RETAIL
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	NO
21. Race (Specify)	WHITE
22. Residence—Number and Street	1502 S.E. CAMANO DR.
23. City/Town or Location	CAMANO ISL.
24. Inside City Limits? (Yes/No)	NO
25A. County	ISLAND
25B. Length of Res. in Co.	3 MONTHS
26. State	WASH.
27. Zip Code	98292
28. Father's Name—First, Middle, Last	ALBERT L. BRAVO SR.
29. Mother's Name—First, Middle, Maiden Surname	ALICE D. DUTRA
30. Informant—Name	ANITA BRAVO
31. Mailing Address (Street or RFD No., City or Town, State, Zip)	1502 S.E. CAMANO DR. CAMANO ISLAND, WASHINGTON 98292
32. Burial, Cremation, Removal, Other (Specify)	BURIAL
33. Date (Mo, Day, Yr)	12/28/95
34. Cemetery/Crematory—Name	ANDERSON CEMETERY
35. Location—City/Town, State	STANWOOD, WASHINGTON 98292
36. Funeral Director Signature	X [signature]
37. Name of Facility	GILBERTSON FUNERAL HOME
38. Address of Facility	STANWOOD, WASHINGTON 98292

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.) 12:47
42. Name and Title of Attending Physician if Other Than Certifier (Type or Print)

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 David E. Troutvine Is. Co. Deputy Coroner
44. Date Signed (Mo, Day, Yr) 11-22-95
45. Hour of Death (24 Hrs) 12:47
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): DAVID E. TROUTVINE ISL. CO. DEPUTY CORONER, COUPEVILLE, WA.
49. ME/Coroner File Number: C95-216

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 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.

	Cause	Interval Between Onset and Death
a.	PROBABLE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	YEARS
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: CHRONIC OBSTRUCTIVE PULMONARY DISEASE; OSTEOPOROSIS
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
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 / Document/Affidavit / Reviewed By / Date
62. Date Received (Mo, Day, Yr) 12-29-95

[signature] Chief Deputy Registrar

DOH 110-008

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of AMERITITLE the 23RD day of JUNE A.D., 19 98 at 9:14 o'clock A M., and duly recorded in Vol. M98, of DEEDS on Page 21738.

Bernetha G. Letsch, County Clerk

FEE $10.00 By [signature]