o. 8191-05-9-67. WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH OR PRINT IN LOCAL FILE NUMBER MANENT INK DATE OF DEATH LMONTH, DAY DECEASED - NAME LAWRENCE LAMKIN 3. April 17, 1968 B 2. Male DATE OF BIRTH LMONTH, DAY, RACE WHITE, NEGRO, AMERICAN INDIAN, AGE _ LAST UNDER 1 YEAR COUNTY OF DEATH UNDER I DAY MOS HOURS Se. 80 24. 1887. Lewis White Apr. CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) SPECIEV YES OR NO Centralia 2 Yes 16 Bonnie Walker Nursing Home DECEASED SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN HAME I STATE OF BIRTH LIF NOT IN U.S.A., NAME CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED. COUNTRY WIDOWED, DIVORCED (SPECIFY) U.S.A. Married n Alice Payne IAL RESIDENCE Kansas ERE DECEASED USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY IF DEATH URRED IN TITUTION, GIVE 12531-07-0264 ™ Custodian Public School IDENCE BEFORE INSIDE CITY LIMITS STREET AND NUMBER 4ISSION. RESIDENCE - STATE CITY, TOWN, OR LOCATION COUNTY (SPECIFY YES OR NO u. 222 West Pear Washington 4. Lewis 14. Centralia MOTHER-MAIDEN NAME LAST PARENTS Isabelle Conrad LeRoy S. Lamkin INFORMANT - NAME (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) MAILING ADDRESS 98531 170 Alice C. Lamkin 222 West Pear-Centralia, Wash. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] IMMEDIATE CAUSE lemorelevolic hears disease CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (D). DUE TO, OF AS A CONSEQUENCE OF STATING THE UNDER-AUSE PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (d) AUTOPSY IF YES WERE FINDINGS CON-TYES OF NOT Denile pupelioris No OF DEATH 19b. (MONTH, DAY, YEAR) HOUR ACCIDENT, SUICIDE, HOMICIDE. HOW INJURY OCCURRED I ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18 1 OR UNDETERMINED (SPECIFY) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, INJURY AT WORK LOCATION (STREET OR R F.D. NO , CITY OR TOWN, STATE) I SPECIFY YES OR NO! OFFICE BIDG., ETC. (SPECIFY) 20g I DID DID NO VIEW THE DEATH OCCURRED AT THE PLACE, ON THE BODY AFTER DEATH (HOUR) 35 / DATE, AND, TO THE BE CERTIFICATION-MONTH AND LAST SAW HIM/HER ALIVE ON PHYSICIAN: DAY YEAR DATE, AND, TO THE BEST TO I ATTENDED THE M. TO THE CAUSEIST STATED 1960 or So 1216 CP 15 1968 216 CERTIFICATION- CORONER: ON THE BASIS OF THE THE DECEDENT WAS PRONOUNCED DEAD EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION. HOUR DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSEIS) STATED. ERTIFIER M. 22b CERTIFIER - NAME ITYPE OR PRINTE SIGNATURE DATE SIGNED (MONTH, DAY, YEAR) DEGREE OR TITLE 23b. C VAN MAILING ADDRESS-CERTIFIER Washington Centralia Drastit Bulding CEMETERY OR CREMATORY - NAME BURIAL, CREMATION, REMOVAL I SPECIFY) 26 Centralia, Washington Buria1 246 Greenwood Cemetery FUNERAL HOME - NAME AND ADDRESS DATE I MONTH, DAY, YEAR I I STREET OF END. JD., CITY OR TOWN, STATE, ZIF I 24d April 20, 1968 Sticklin Eugeral Home-209 N. Pearl-Centralia. FUNERAL DIRECTOR - SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR - IBNATURE