

VITAL RECORDS

CERTIFICATE OF DEATH

OFFICE ONLY

LOCAL FILE NUMBER

146-81

8796

STATE FILE NUMBER

STRICT

PIES

HOSPITAL

CUPANCE

SIDENCE

ACT

CUPATION

74

CUPATION

74

CUPATION

74

CUPATION

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CUPATION

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IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

MAY 1 1981

CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.

1. NAME - FIRST, MIDDLE, LAST HAROLD McKINLEY STILSON		2. SEX M	3. DEATH DATE (MO DAY YR) 4/23/1981	146-81	8796
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) White		5. AGE - LAST BIRTHDAY (YRS) 78	6. UNDER 1 YEAR MOS.	7. UNDER 1 DAY DAYS HOURS MINS.	8. BIRTHDATE (MO DAY YR) 6/8/1902
10. CITY, TOWN OR LOCATION OF DEATH Chehalis		11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME 1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM 4 HOSPITAL 5 NURSING HOME DOA St. Helen Hospital Prob 2			12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED yes YES/NO
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Washington	14. CITIZEN OF WHAT COUNTRY U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Mildred Frances Roberts	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) no	
18. SOCIAL SECURITY NO. 534-01-7370		19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Shingle Weaver		20. KIND OF BUSINESS OR INDUSTRY Lumber Mills	
21. RESIDENCE - NUMBER AND STREET 704 4th N.E.		22. CITY/TOWN, OR LOCATION Napavine	23. INSIDE CITY LIMITS? (YES/NO) Yes	24. COUNTY Lewis	25. STATE Washington
26. FATHER - NAME FIRST, MIDDLE, LAST Fred Arba Stilson			27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Nora Belle Whipple		
28. INFORMANT - NAME Dau: Rosemary R. Channel		29. MAILING ADDRESS 28982 Falkner Rd., N.E., Poulsbo, WA 98370			
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		31. DATE (MO DAY YR) 4/27/1981	32. CEMETERY/CREMATORY - NAME Napavine Cemetery		33. LOCATION - CITY/TOWN, STATE Napavine, Washington
34. FUNERAL DIRECTOR SIGNATURE X [Signature]		35. NAME OF FACILITY BROWN MORTUARY SERVICE		36. ADDRESS OF FACILITY POB 1003, CHEHALIS, WA 98532	
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE X [Signature]			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 X [Signature]		
38. DATE SIGNED (MO DAY YR) April 23 - 81		39. HOUR OF DEATH (24 HRS) 1:30 Am.	42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HR)
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) Simon Elloway, M.D., 1299 Bishop Rd., Chehalis, WA 98532					
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), and (C)) (A) Myocardial Infarct		48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE		49. AUTOPSY? (YES/NO) No	
(B) DUE TO, OR AS A CONSEQUENCE OF: atherosclerosis Hypercholesterolemia		50. WAS CASE REFERRED TO MEDIC EXAMINER OR CORONER? (YES/NO) No		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hrs	
(C) DUE TO, OR AS A CONSEQUENCE OF:		51. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY)		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE		58. REGISTRAR SIGNATURE X [Signature]
59. DATE RECEIVED (MO DAY YR) Apr. 24 1981		59. DATE RECEIVED (MO DAY YR)			
FOR STATE REGISTRAR USE ONLY		ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	ITEM