

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-024610

LOCAL FILE NUMBER: 1654

DATE ISSUED: 06/06/2019

FEE NUMBER: 92143682

FIRST AND MIDDLE NAME(S): GEORGE HURBURT
LAST NAME(S): KEATING

COUNTY OF DEATH: CLARK
DATE OF DEATH: MAY 26, 2019
HOUR OF DEATH: 04:20 AM
SEX: MALE AGE: 99 YEARS
SOCIAL SECURITY NUMBER: 542-18-5277

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: MAY 13, 1920
BIRTHPLACE: COSMOPOLIS, WA

MARITAL STATUS: DIVORCED
SPOUSE: NOT APPLICABLE

OCCUPATION: LANDLORD
INDUSTRY: PROPERTY MANAGEMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: MICHELLE KEATING
RELATIONSHIP: DAUGHTER
ADDRESS: 517 SE 99TH AVE. VANCOUVER, WA 98664

CAUSE OF DEATH:
A: CEREBROVASCULAR ISCHEMIC DISEASE
INTERVAL: YEARS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: THE HAMPTONS/ASHLEY INN
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98683

RESIDENCE STREET: 1617 SE TALTON AVE
CITY, STATE, ZIP: VANCOUVER, WA 98683
INSIDE CITY LIMITS: YES COUNTY: CLARK
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

FATHER/PARENT: GEORGE MATTHEW ESSIG
MOTHER/PARENT: MARY AVARILLA SIMMONS

METHOD OF DISPOSITION: REMOVAL FROM STATE
PLACE OF DISPOSITION: OREGON HEALTH SCIENCES UNIVERSITY
CREMATORY
CITY, STATE: PORTLAND, OREGON
DISPOSITION DATE: JUNE 03, 2019

FUNERAL FACILITY: FIRST CALL MORTUARY SERVICES

ADDRESS: 4835 NE PACIFIC STREET
CITY, STATE, ZIP: PORTLAND, OREGON 97213
FUNERAL DIRECTOR: DEON L STROMMER

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: JASMINE S. CHOWDHURY, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 5400 MACARTHUR BLVD
CITY, STATE, ZIP: VANCOUVER, WA 98668
DATE SIGNED: MAY 28, 2019

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KIMBERLY ST.CYR
DATE RECEIVED: JUNE 03, 2019