952038 7

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

BLACK PAGE 473

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER 146-8

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

1. NAME - FIRST, MIDDLE, LAST	Patricia M. Slyter
2. SEX	F
3. DEATH DATE (MO DAY YR)	05 Jan 1982
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)	White
5. AGE - LAST BIRTHDAY (YRS)	63
6. IF UNDER 1 YEAR: MOS. / DAYS	
7. IF UNDER 1 DAY: HOURS / MINS.	
8. BIRTHDATE (MO DAY YR)	27 Jun 1918
9. COUNTY OF DEATH	Clark
10. CITY, TOWN OR LOCATION OF DEATH	Camas
11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (0 HOME, 2 IN TRANSPORT, 3 EMERG RM/OUT-PTN, 4 HOSP, 5 NURS HOME, 1 OTHER PLACE)	Highland Terrace Nursing Home
12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRE/TR, PARAMED) YES/NO	No
13. BIRTHSTATE (IF NOT IN USA GIVE COUNTRY)	California
14. CITIZEN OF WHAT COUNTRY	USA
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME)	Louis I. Slyter
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES, NO)	No
18. SOCIAL SECURITY NO.	[redacted]
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)	Homemaker
20. KIND OF BUSINESS OR INDUSTRY	Own Home
21. RESIDENCE - NUMBER AND STREET	Rt. 1 Box 10
22. CITY/TOWN, OR LOCATION	Stevenson
23. INSIDE CITY LIMITS? (YES/NO)	No
24. COUNTY	Skamania
25. STATE	Washington
26. FATHER - NAME, FIRST, MIDDLE, LAST	Raymond G. Little
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST	DAVIS Ivy D. Little
28. INFORMANT - NAME	Gale Douglas, Son
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)	Rt. 1 Box 10 Stevenson, Washington 98648
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	Burial
31. DATE (MO DAY YR)	11 Jan 1982
32. CEMETERY/CREMATORY - NAME	Stevenson Cemetery
33. LOCATION - CITY/TOWN, STATE	Stevenson, Washington
34. FUNERAL DIRECTOR SIGNATURE	X [signature]
35. NAME OF FACILITY	GARDNER FUNERAL HOME, INC.
36. ADDRESS OF FACILITY	White Salmon, WA

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE AND TITLE: X [signature]

38. DATE SIGNED (MO DAY YR): January 13, 1982

39. HOUR OF DEATH (24 HRS): 1120

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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 AND TITLE: X

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

44. PRONOUNCED DEAD (MO DAY YR)

45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Dr. Brooking 327 N.E. 5th Camas, Washington 98607

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

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C))

(A) Pneumonia hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO, OR AS A CONSEQUENCE OF:

(B) Carcinoma lung, small cell — INTERVAL BETWEEN ONSET AND DEATH: 7 months

DUE TO, OR AS A CONSEQUENCE OF:

(C) Carcinomatosis lung — INTERVAL BETWEEN ONSET AND DEATH: 7 months

48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

49. AUTOPSY? (YES/NO): No

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No

51. ACC, SUICIDE, HOM., UNDET. OR PENDING INVEST. (SPECIFY)

52. INJURY DATE (MO DAY YR)

53. HOUR OF INJURY (24 HRS.)

54. DESCRIBE HOW INJURY OCCURRED.

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 Robert D. Thornton MD

59. DATE RECEIVED (MO DAY YR): JAN 18 1982

FOR STATE REGISTRAR USE ONLY

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

DSHS 9-150 (REV 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.

HEALTH SEAL

JAN 5 1983

Robert D. Thornton MD

ROBERT D. THORNTON, M.D.
District Health Officer

JAN 1983 COUNTY WASH.

By Juanita Gaul