103503

BOOK 106 PAGE 28

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

146-8

STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST: Louise C BETTS
2. SEX: F
3. DEATH DATE (MO DAY YR): 28 Jun 1987
4. RACE (WHITE, BLACK, AM IND, ETC. SPECIFY): White
5. AGE - LAST BIRTHDAY (YRS): 69
5. UNDER 1 YEAR: MOS. / DAYS / 7. UNDER 1 DAY: HOURS / MINS.
6. BIRTHDATE (MO DAY YR): 01 Oct 1917
9. COUNTY OF DEATH: Skamania
10. CITY, TOWN OR LOCATION OF DEATH: Carson
11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 ☐ DOA 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTR 4 ☐ HOSP. 5 ☒ RESIDENCE 6 ☐ OTHER PLACE: 0.10 Allen Road
12. RECEIVED EMERGENCY CARE (AMBULANCE, FIRST AID, PARAMEDIC): Yes (YES/NO)
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Idaho
14. CITIZEN OF WHAT COUNTRY: U.S.A.
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): James W. Betts
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): Teacher
20. KIND OF BUSINESS OR INDUSTRY: Education
21. RESIDENCE - NUMBER AND STREET: 0.10 Allen Road
22. CITY/TOWN, OR LOCATION: Carson
23. INSIDE CITY LIMITS? (YES/NO): Yes
24. COUNTY: Skamania
25. STATE: Washington
26. FATHER - NAME FIRST, MIDDLE, LAST: Jose M. Shaw
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: WILEY Russie - Shaw
28. INFORMANT - NAME: James W/ Betts
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): P.O. Box 358 Carson, Washington 98610
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31. DATE (MO DAY YR): 01 Jul 1987
32. CEMETERY/CREMATORY - NAME: Park Hill Crematory
33. LOCATION - CITY/TOWN, STATE: Vancouver, WA
34. FUNERAL DIRECTOR - SIGNATURE: X K. P. Dierks
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
38. DATE SIGNED (MO DAY YR):
39. HOUR OF DEATH (24 HRS):

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 Robert K. Leick County Coroner
42. DATE SIGNED (MO DAY YR): July 2, 1987
43. HOUR OF DEATH (24 HRS): 0320
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):
44. PRONOUNCED DEAD (MO DAY YR): June 28, 1987
45. HOUR PRONOUNCED DEAD (24 HRS): 0347
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Robert K. Leick, Coroner Skamania County Courthouse Stevenson WA

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)): (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.
DUE TO, OR AS A CONSEQUENCE OF: (B) — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF: (C) — INTERVAL BETWEEN ONSET AND DEATH:
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): Yes

IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY): Nat.Causes
52. INJURY DATE (MO DAY YR): June 28,1987
53. HOUR OF INJURY (24 HRS.): 0320
54. DESCRIBE HOW INJURY OCCURRED: Coronary Occlusion
55. INJURY AT WORK? (YES/NO): No
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY): Home
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE: 0.10 Allen Rd., Carson, WA
58. REGISTRAR SIGNATURE: X Karen Steingart MD
59. DATE RECEIVED (MO DAY YR): July 6, 1987

FOR STATE REGISTRAR USE ONLY

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

DSHS 9-140 (REV. 1-82)

JUL 6 · 1987

SEAL

Registered
Indexed, dir
Indirect
Filmed
Mailed

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen Steingart, M.D.
Karen R. Steingart, M.D.
District Health Officer

Deeds refers to CPA 103502

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE

FILED FOR RECORD
SKAMANIA CO WASH
BY James W. Betts
JUL 14 2 54 PM '87
V. Johnson
AUDITOR
CARY M. OLSON

FILED COPIES M