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FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

d. I Vis, Dep.

ADULTER
GARY M. OLSON

Payroll 5
 Inventory 5
 Insurance 5
 Rent 5
 Utilities 5
 Other 5
 Total 5

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

18 LOCAL FILE NUMBER		1 NAME - FIRST, MIDDLE, LAST		2 SEX	3 DEATH DATE (Mo., Day, Yr.)	146-8	STATE FILE NUMBER
		Mildred E. EASLEY		F	30 Jul 1988		
DECEASED	4 AGE - LAST BIRTH DAY (Yrs.)	5 AGE - YEAR, MONTH, DAYS	6 UNDER 1 YEAR MONTHS	7 BIRTH DATE (Mo., Day, Yr.)	8 COUNTY OF DEATH		
	70			08 Jan 1918	Skamania		
	9 CITY, TOWN OR LOCATION OF DEATH		10 PLACE OF DEATH - 30 ONLY FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME		11 BIRTH STATE (if not in USA give country)		
	Stevenson		MP .17R Frank John Road		ND		
	12 MARRIED, NEVER MARRIED, WIDOWED, UNMARRIED		13 SPOUSE (if wife give Maiden Surname)		14 MAR. LICENSE WHEN IN US ARMED FORCES? (Yes/No)	15 SOCIAL SECURITY NO	16 HIGH SCHOOL GRADUATE (Yes/No)
Widowed		Norman - Easley		No	546-38-2060	No	
CERTIFIER	17 USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		18 KIND OF BUSINESS OR INDUSTRY		19 RACE (White, Black, Am. Ind. etc. Specify)	20 Was Decedent of Japanese Origin? (Specify Yes or No - if yes, specify Cuban, Mexican, Puerto Rican, etc.)	
	Homemaker		Own Home		White	11 Yes 2. X No (Specify)	
	21 SMOKING IN LAST 15 YEARS (Yes/No)	22 RESIDENCE - NUMBER AND STREET	23 CITY/TOWN, OR LOCATION	24 ZIP CODE CITY EDITION (Yes/No)	25 COUNTY	26 STATE	27 ZIP CODE
	Yes	MP .17R Frank John	Stevenson	Yes	Skamania	WA	98648
	28 FATHER'S NAME - FIRST, MIDDLE, LAST		29 MOTHER'S NAME - FIRST MIDDLE, MARRIAGE SURNAME				
Clarence - Johnson		Onella - Iverson					
OCCURRING	30 INFORMANT - NAME		31 MAILING ADDRESS STREET OR RD NO CITY OR TOWN STATE ZIP				
	Kathy Norton		1512 W. Ninth Court McMinnville, OR 97128				
	32 BURIAL, CREMATION, REBURY, OTHER (Specify)	33 DATE (Mo., Day, Yr.)	34 CEMETERY, CREMATORY - NAME	35 LOCATION - CITY/TOWN, STATE			
	Cremation	03 Aug 1988	Park Hill Crematory	Vancouver, WA			
	36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY				
X <i>R.P. Dieck</i>	GARDNER FUNERAL HOME, INC.	White Salmon, WA					
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	39 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER				
	SIGNATURE AND TITLE		SIGNATURE AND TITLE				
	X		X <i>Robert K. Leick</i> County Coroner				
	40 DATE SIGNED (Mo., Day, Yr.)		41 HOUR OF DEATH (24 Hrs.)		42 DATE SIGNED (Mo., Day, Yr.)		43 HOUR OF DEATH (24 Hrs.)
					August 4, 1988		Approx. 1440
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45 HOUR OF DEATH (24 Hrs.)		46 PREDECEASED DEAD (Mo., Day, Yr.)		47 HOUR PREDECEASED DEAD (24 Hrs.)	
				July 30, 1988		1457	
48 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)		49 PART I - ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, SUCH AS LACING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.					
Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA							
CAUSE OF DEATH	IMMEDIATE CAUSE (Final disease or condition resulting in death)		(A) Severe, chronic, respiratory disease		INTERNAL BETWEEN ONSET AND DEATH		Undetermined
	Secondary or other conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST		(B) Compromised by pulmonary hypertension and cardiovascular disease		INTERNAL BETWEEN ONSET AND DEATH		
			(C) SAME TO OR AS A CONSEQUENCE OF		INTERNAL BETWEEN ONSET AND DEATH		
	50 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE WHEN ABOVE		51 AUTOPSY (Yes/No)		52 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)		Yes
			Yes		Yes		
53 ACC. STROKE, HEM. UNDET. OR PENDING DRUGS? (Specify)		54 BIRTH DATE (Mo., Day, Yr.)	55 HOUR OF BIRTH (24 Hrs.)	56 (Specify) HOW BIRTH OCCURRED			
Nat. Causes							
57 BIRTH AT HOME? (Yes/No)		58 PLACE OF BIRTH - AT HOME, FARM, STREET, FACTORY, OFFICE Bldg., ETC. (Specify)		59 LOCATION - STREET OR RD NO, CITY/TOWN, STATE			
60 REGISTRAR SIGNATURE		61 DATE RECEIVED (Mo., Day, Yr.)					
X <i>Karen Steingart, MD</i>		Aug 5, 1988					
62 CREM		DOCUMENTARY EVIDENCE REVIEWED BY		DATE	63 CREM		DOCUMENTARY EVIDENCE REVIEWED BY DATE

DS-28 9-160 (Rev. 1-88) 1187

AUG 5 1988

SEAL

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, MD
Karen R. Steingart, M.D.

DS-28 9-160 (Rev. 1-88)