112412

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER 146

Field	Entry
1. Name — First, Middle, Last	RALPH HENRY LETHLEAN
2. Sex	Male
3. Death Date (Mo, Day, Yr)	June 21, 1991
4. Age Last Birthday (Yrs)	63
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo, Day, Yr)	Dec. 5, 1927
8. Birth State (if not in USA give country)	Oregon
9. Citizen of What Country?	U.S.A.
10. County of Death	Thurston
11. City, Town or Location of Death	Olympia
12. Place of Death — Box for Place, then give Address or Institution Name (1 Home, 2 In Transport, 3 Emerg Rm/Out Ptn, 4 Hosp, 5 Nur Home, 6 Other Place)	St. Peter Hospital
13. Smoking in Last 15 Years? (Yes/No)	Yes
14. Marital Status — Married, Never Married, Widowed, Divorced (Specify)	Married
15. Surviving Spouse (if wife, give maiden name)	Linda Everett
16. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	Yes
17. Social Security No.	[redacted]
18. High School Graduate?	No
19. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	Ret. Truck Driver
20. Kind of Business or Industry	Logging
21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.)	1 Yes / 2 No — No
22. Race (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify)	White
23. Residence — Number and Street	4334 - 14th Ave. N. W.
24. City, Town or Location	Olympia
25. Inside City Limits? (Yes/No)	Yes
26. County	Thurston
27. State	Washington
28. Zip Code	98502
29. Father's Name — First, Middle, Last	Thomas B. Lethlean
30. Mother's Name — First, Middle, Maiden Surname	Reba Mae Hornbeck
31. Informant — Name	Linda Lethlean - Wife
32. Mailing Address (Street or RFD No., City or Town, State, Zip)	4334 - 14th Ave. N. W., Olympia, Washington 98502
33. Burial, Cremation, Removal, Other (Specify)	Burial
34. Date (Mo, Day, Yr)	June 26, 1991
35. Cemetery/Crematory — Name	Willamette National Cemetery
36. Location — City, Town, State	Portland, Oregon
37. Funeral Director Signature	X [signature]
38. Name of Facility	Straub's Funeral Home
39. Address of Facility	Camas, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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]

42. Date Signed (Mo, Day, Yr): 6/25/91

43. Hour of Death (24 Hrs): 1345

46. 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

44. Date Signed (Mo, Day, Yr):

45. Hour of Death (24 Hrs):

47. Pronounced Dead (Mo, Day, Yr):

THURSTON COUNTY
OLYMPIA WA
10/28/91 1:18 PM
REQUEST OF
Sam S. Reed, AUDITOR
BY: MIKE, DEPUTY
$7.00 DEATH

48. Name and Address of Certifier — Physician, Medical Examiner or Coroner (Type or Print): Chris N. Griffith, M.D. - 500 N. E. Lilly Rd. N. E., Olympia, WA 98506

50. Part I. Enter the diseases, injuries or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

	Cause	Interval Between Onset and Death
(a)	Cardiopulmonary Arrest	
(b) Due to or as a consequence of	Brain Stem herniation	
(c) Due to or as a consequence of	Massive Occipital Stroke	

51. Other significant conditions — Conditions contributing to death but not resulting in the underlying cause given above: Aortic/renal Reconstruction in days of Stroke

52. Autopsy? (Yes/No): No

53. Was case referred to Medical Examiner or Coroner? (Yes/No):

54. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify):

55. Injury Date (Mo, Day, Yr):

56. Hour of Injury (24 Hrs):

57. Describe How Injury Occurred:

58. Injury at Work? (Yes/No):

59. Place of Injury — At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify):

60. Location — Street or RFD No., City or Town, State:

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61. Registrar Signature: X [signature]

62. Date Received (Mo, Day, Yr): JUL 02 1991

DOH 110-006 (Rev. 8/89) (formerly DSHS 9-150)

This is to certify that the foregoing is a true, full, correct copy of the original certificate of death of RALPH HENRY LETHLEAN on file in this office.

[signature]
Health Officer and Registrar

By [signature]

THURSTON COUNTY HEALTH DEPARTMENT Olympia, Washington July 2 1991

Registered
Indexed, Dir
Indirect
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DOH 01-003 (7/89)

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BY Rayburn Dudenbostel
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