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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DECEDENT

1. NAME—FIRST MIDDLE LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)	146 STATE FILE NUMBER
Henry Lester PIETZ	Male	Dec.25,1991	

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTH STATE (If not in U.S.A. give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
73			June 11,1918	Washington	United States	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 Home 2 En Transport 3 Emerg. Room/Out Pt'n 4 Hosp. 5 Nur. Home 6 Other Place)	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Vancouver	2507 N.E. 59th Street	No

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced, (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO.	18. HIGH SCHOOL GRADUATE? (Yes/No)
Married	Vera V. Outland	Yes	[redacted]	No

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS OR INDUSTRY	21. Was Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify)
Salesman	Recreational Vehicles		White

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
2507 N.E. 59th Street	Vancouver	Yes	Clark	Washington	98663

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Louie Pietz	Mary Gates

31. INFORMANT—NAME	32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Vera V. Pietz(wife)	2507 N.E. 59th Street, Vancouver, Washington 98663

DISPOSITION

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo., Day, Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Burial	12-30-91	Park Hill Cemetery	Vancouver, Washington

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X Kenneth R Anderson	Vancouver Funeral Chapel	110 E. 12th St. Vancouver, Washington 98660

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED	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 [signature]	SIGNATURE AND TITLE X
42. DATE SIGNED (Mo., Day, Yr.) Dec 26/91	43. HOUR OF DEATH (24 Hrs.) 1830
44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47. PRONOUNCED DEAD (Mo., Day, Yr.)
	48. HOUR PRONOUNCED DEAD (24 Hrs.)

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
George E. Wiebe, MD. , 315 S.E. Stonemill Dr., Vancouver, Washington 98684

CAUSE OF DEATH

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.

		INTERVAL BETWEEN ONSET AND DEATH
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	(a) Metastatic Sq. cell Carcinoma	
	DUE TO, OR AS A CONSEQUENCE OF (b)	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes, No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)

54. ACC., SUICIDE, HO., 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/TOWN, STATE

61. REGISTRAR SIGNATURE	62. DATE RECEIVED (Mo., Day, Yr.)
X Karen Steingart, mad	DEC 2 6 1991

DOH 110-008 (Rev. 8/88) (formerly DSHS 9-150)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

SEAL

Karen Steingart, mad

Karen Steingart, M.D.
Public Health District Officer

Registered
Indexed, dir
Indirect
Filmed 7/9/92
Mailed

DOH 01-003 (7/89)

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SKAMANIA CO. WASH
BY Vera Pietz

JUN 26 11 42 AM '92
P. Lowry
DEPUTY
GARY F. OLSON