

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

113905 CERTIFIED COPY OF DEATH CERTIFICATE

4700
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH

BOOK 129 PAGE 586

1 NAME - FIRST MIDDLE LAST BETTY T. CRUM		2 SEX Female	3 DEATH DATE (Mo. Day Yr.) May 23, 1990	146	STATE FILE NUMBER
4 AGE LAST BIRTH DAY (Yr.) 60	5 UNDER 1 YEAR BIRTH DATE (Mo. Day Yr.) Feb. 2, 1925	6 BIRTH STATE OF OR IN Michigan	7 CITIZEN OF WHAT COUNTRY? U.S.A.	8 COUNTY OF DEATH King	
11 CITY, TOWN OR LOCATION OF DEATH Seattle		12 PLACE OF DEATH - BUILDING FOR PLACE WHEN ONE ADDRESS OR INSTITUTION NAME Swedish Medical Center		13 SURVIVING IN LAST 15 YEARS (Yr. Mo. Day) Yes	
14 MARITAL STATUS - Married Married	15 SURVIVING SPOUSE IF Yr. Mo. Day Thomas Raymond Crum		16 WAS DECEDENT EVER IN U.S. ARMED FORCES (Yr. Mo. Day) No	17 SOCIAL SECURITY NO. [REDACTED]	18 HIGH SCHOOL GRADUATE? (Yr. Mo. Day) Yes
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE TITLE) Teacher		20 KIND OF BUSINESS OR INDUSTRY Public Education		21 Was Decedent of Hispanic Origin or Subsequent Ancestry? No	
22 RESIDENCE - NUMBER AND STREET 4503 108th Ave. N.E.		23 CITY, TOWN OR LOCATION Kirkland	24 COUNTY King	25 STATE Washington	26 ZIP CODE 98033
27 FATHER'S NAME - FIRST MIDDLE LAST Sydney Milson		28 MOTHER'S NAME - FIRST MIDDLE MARRIAGE SURNAME Elizabeth Thomson			
29 DECEASED - NAME Thomas Raymond Crum		30 MAILING ADDRESS 4503 108th Ave. N.E. Kirkland, Washington 98033			
31 BURIAL, CREMATION, REINTERMENT, OTHER (Specify) Cremation	32 DATE (Mo. Day Yr.) 05/25/1990	33 CEMETERY, CREMATORY, NAME Bleitz Crematory	34 LOCATION - CITY, TOWN, STATE Seattle, Washington 98109		
35 NAME OF FACILITY Bleitz Funeral Home		36 ADDRESS OF FACILITY 316 Florentia St. Seattle WA. 98109			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
41 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED Edward Weber			42 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 X		
43 DATE SIGNED (Mo. Day Yr.) 5/24/90		44 HOUR OF DEATH (Mo. Day Yr.) 01100hrs.	45 DATE SIGNED (Mo. Day Yr.)		46 HOUR OF DEATH (Mo. Day Yr.)
47 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Yr. Mo. Day) Edward Weber, M.D. 1221 Madison, Seattle, Wa. 98104			48 PREVIOUSLY DEAD (Mo. Day Yr.)		49 HOUR PREVIOUSLY DEAD (Mo. Day Yr.)
50 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Yr. Mo. Day) Edward Weber, M.D. 1221 Madison, Seattle, Wa. 98104					
51 PART I: ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DEATH, 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		a. Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 2 mo	
		b. Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 1/89	
52 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN DEATH. ENTER HERE. (Yr. Mo. Day)		53 AUTOPSY (Yr. Mo. Day)		54 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yr. Mo. Day) No	
55 ACC. SUICIDE MO. UNDER OR FIBERING INVEST (Specify)	56 INJURY DATE (Mo. Day Yr.)	57 HOUR OF INJURY (Mo. Day Yr.)	58 DECEASED WHEN INJURY OCCURRED		
59 PLACE AT DEATH (Specify)	60 PLACE OF INJURY - AT HOME, PARK, STREET, FACTORY, OFFICE, BUS, ETC. (Specify)	61 LOCATION - STREET OR RFD NO. CITY/TOWN, STATE			
FILED BY Theresa M. Smith		RETURN TO L. E. Hansen		DATE RECEIVED (Mo. Day Yr.) MAY 25 1990	

FILED FOR RECORD
CLICKITAT COUNTY
92 JUL - 1 PM 3:01

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DOH 01-003 (7-89)

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(OVER) - over - VOL 285 PAGE 095

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BY SKAMANIA CO. CLERK

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GARY H. OLSON
CLERK

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MAY 30 1990
STATE OF WASHINGTON
DEPT. OF PUBLIC HEALTH
DO NOT DESTROY

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