STATE OF WASHINGTON
DEPARTMENT OF HEALTH

114891 BOOK 131 PAGE 892

[244] LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

1 NAME – FIRST, MIDDLE, LAST: Nora Leona PROSCH	2 SEX: female	3 DEATH DATE (Mo. Day Yr.): Mar. 3, 1989	146 STATE FILE NUMBER			
4 AGE LAST BIRTHDAY (Yrs): 85	5 UNDER 1 YEAR: MOS. DAYS	6 UNDER 1 DAY: HOURS MINS.	7 BIRTHDATE (Mo. Day Yr.): May 1,1903	8 BIRTH STATE (If not in USA give country): Oregon	9 CITIZEN OF WHAT COUNTRY?: USA	10 COUNTY OF DEATH: Clark
11 CITY, TOWN OR LOCATION OF DEATH: Vancouver	12 PLACE OF DEATH – (1) HOME (2) IN TRANSPORT (3) EMERG. ROOM (4) NURSING HOME (5) OTHER HOME (6) OTHER PLACE: St. Joseph's Community Hospital					13 SMOKING IN LAST 15 YEARS? (Yes, No): no
14 MARITAL STATUS – (Married, Never Married, Widowed, Divorced): married	15 SURVIVING SPOUSE (If wife, give maiden name): Edwin L. Prosch		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): no	17 SOCIAL SECURITY NO.: [redacted]		18 HISPANIC ORIGIN? (Specify Yes or No; If Yes, specify Cuban, Mexican, Puerto Rican, Other): no
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): homemaker	20 KIND OF BUSINESS OR INDUSTRY: own home		21 Was Decedent of Hispanic Origin or Descent? (Answer Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, Other): (1) Yes XX (2) No			22 RACE (White, Black, American Indian, Asian or Pacific Islander, etc.): White
23 RESIDENCE – NUMBER AND STREET: MP 10 76R St. Rd. 140	24 CITY/TOWN OR LOCATION: Washougal	25 INSIDE CITY LIMITS? (Yes/No): no	26 COUNTY: Clark	27 STATE: Washington	28 ZIP CODE: 98671	
29 FATHER'S NAME – FIRST, MIDDLE, LAST: John Henry Lowe			30 MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME: Carrie Clark			
31 INFORMANT – NAME: Edwin L. Prosch	32 MAILING ADDRESS – STREET OR RFD NO.: MP 10 76R St. Rd. 140	CITY OR TOWN: Washougal, WA 98671	STATE	ZIP		
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify): burial	34 DATE (Mo. Day Yr.): Mar.6,1989	35 CEMETERY/CREMATORY – NAME: Evergreen Memorial Gardens	36 LOCATION – CITY/TOWN, STATE: Vancouver, Wash.			
37 FUNERAL DIRECTOR SIGNATURE: X [signature]	38 NAME OF FACILITY: Memorial Gardens Mort. 1101 NE	112th Ave. Vanc. WA 98684				

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 O.F. Burns MD

42 DATE SIGNED (Mo. Day Yr.): 3-7-89
43 HOUR OF DEATH (24 Hrs): 0030
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
48 NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): O.F. BURNS / Dr. Hurst 3305 Main St. Vancouver, WA 98663

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.):
49 HOUR PRONOUNCED DEAD (24 Hrs):

50 PART I ENTER THE DISEASE(S), 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	(a) MYOCARDIAL INFARCT	INTERVAL BETWEEN ONSET AND DEATH: 45 MIN
	DUE TO, OR AS A CONSEQUENCE OF (b) Rt Colectomy	INTERVAL BETWEEN ONSET AND DEATH: 3 days
	DUE TO, OR AS A CONSEQUENCE OF (c) CARCINOMA Rt COLON	INTERVAL BETWEEN ONSET AND DEATH: 6-12 MO.

51 OTHER SIGNIFICANT CONDITIONS – CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
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/TOWN, STATE:

61 REGISTRAR SIGNATURE: X SKAMANIA CO. WASH. LEGAL OR RECORD
BY SKAMANIA CO. TITLE [signature]
62 DATE RECEIVED (Mo. Day Yr.): MAR 8 1989

Nov 6 12 41 PM '92
[signature]
AUDITOR
GARY W. OLSON

DSHS 9-150 (Rev. 1-88) -1187-

Registered
Indexed, Dir
Indirect
Filmed 11/17/92
Mailed

DOH C1-003 (5/92)

CERTIFIED

NOV 3 1992

[signature]
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA044575

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

114891

BOOK 131 PAGE 892

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: [2-1-1]

STATE FILE NUMBER: 146

DECEDENT

1. NAME — FIRST MIDDLE LAST: Nora Leona PROSCH	2. SEX: female	3. DATE (Mo Day Yr): Mar. 3, 1989				
4. AGE LAST BIRTHDAY (Years): 85	5. UNDER 1 YEAR — MOS / DAYS	6. UNDER 1 DAY — HOURS / MINS	7. BIRTHDATE (Mo Day Yr): May 1, 1903	8. BIRTH STATE (If not USA give country): Oregon	9. CITIZEN OF WHAT COUNTRY: USA	10. COUNTY OF DEATH: Clark
11. CITY, TOWN OR LOCATION OF DEATH: Vancouver	12. PLACE OF DEATH — If not for place then give address or institution name: St. Joseph's Community Hospital					13. WAS MEDICAL EXAMINER OR CORONER INVOLVED?: no
14. MARITAL STATUS: married	15. SURVIVING SPOUSE (If wife, give maiden name): Edwin L. Prosch	16. MILITARY SERVICE: NO	17. SOCIAL SECURITY NO: [redacted]	18. WAS DECEDENT EVER IN U.S. ARMED FORCES?: NO		
19. USUAL OCCUPATION (Kind of work done during most of working life, even if retired): homemaker	20. KIND OF BUSINESS/INDUSTRY: own home	21. DECEDENT'S HISPANIC ORIGIN?: XX	22. RACE: White			
23. RESIDENCE — NUMBER AND STREET: MP 10 76R St. Rd. 140	24. CITY, TOWN OR LOCATION: Washougal	25. INSIDE CITY LIMITS?: no	26. COUNTY: Clark	27. STATE: Washington	28. ZIP CODE: 98671	

PARENTS

29. FATHER'S NAME — FIRST MIDDLE LAST: John Henry Lowe	30. MOTHER'S NAME — FIRST MIDDLE MAIDEN SURNAME: Carrie Clark

DISPOSITION

31. INFORMANT — NAME: Edwin L. Prosch	32. MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): MP 10 76R St. Rd. 140 Washougal, WA 98671			
33. FINAL DISPOSITION (Burial, Cremation, Removal, Other): burial	34. DATE (Mo Day Yr): Mar.6,1989	35. CEMETERY/CREMATORY — NAME: Evergreen Memorial Gardens	36. LOCATION — CITY/TOWN, STATE: Vancouver, Wash.	
37. FUNERAL DIRECTOR — SIGNATURE: X [signature]		38. NAME OF FACILITY: Memorial Gardens Mort. 1101 NE	39. ADDRESS OF FACILITY: 112th Ave. Vanc. WA 98684	

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. SIGNATURE AND TITLE: X O.F. Burris M D	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
42. DATE SIGNED (Mo Day Yr): 3-7-89	43. HOUR OF DEATH (24 Hrs): 0030
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): O.F. Burris / Dr. Hurst 3305 Main St. Vancouver, WA 98663

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.

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) MYOCARDIAL INFARCT	INTERVAL BETWEEN ONSET AND DEATH: 45 MIN
	DUE TO, OR AS A CONSEQUENCE OF (B): Rt Colectomy	INTERVAL BETWEEN ONSET AND DEATH: 5 days
	DUE TO, OR AS A CONSEQUENCE OF (C): CARCINOMA Rt COLON	INTERVAL BETWEEN ONSET AND DEATH: 6-12 MO.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52. AUTOPSY? (Yes/No): no

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No):

54. ACC, SUICIDE, HOMICIDE, 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: X [signature] Karen Steingart, MD

62. DATE RECEIVED (Mo Day Yr): MAR 8 1989

DSHS 9-150 (Rev. 1-89) -1187-

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DOH 01-003 (5/92)

BY SKAMANIA CO. TITLE

NOV 6 12 41 PM '92

GARY E. OLSON

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

CERTIFIED

NOV 3 1992

Karen Steingart
Dr. Karon Steingart
Health District Officer
S.W. Wash. Health Dist.

AA044575