110201

BOOK 100 PAGE 874

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER: 34

STATE FILE NUMBER: 9 31831

DECEDENT

1. NAME—FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo. Day. Yr.)	146
Auresten Stanbrook Wood	M	12/12/89	

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 USA give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
89			10/26/1900	Maine	US	Columbia

11. CITY, TOWN OR LOCATION OF DEATH	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 ☒ NH/H HOME 6 ☐ OTHER PLACE)	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Dayton	Robison's Nursing Home X	No

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN US ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO	18. HIGH SCHOOL GRADUATE? (Yes/No)
Widowed	NA	No	542-07-7911	Yes

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) ☐ Yes ☒ No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify)
Wastewater treatment Plant, Vancouver, Wa			White

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
221 E. Washington	Dayton	Yes	Columbia	Wash.	99328

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Lousan Ansel Wood	NA Partidge

31. INFORMANT—NAME	32. MAILING ADDRESS (STREET OR RFD NO / CITY OR TOWN / STATE / ZIP)
Mr. Stanley Wood	Rt 3, Box 264 Dayton, Wa. 99328

DISPOSITION

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo. Day. Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Cremation	12/14/89	Professional Funeral Director	Walla Walla, Wa.

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X Robert Brown	Professional Funeral Director	2112 S. 2nd Ave Walla Walla, Wa. 99362

CERTIFIER

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 Donald W Pittman MD

42. DATE SIGNED (Mo. Day. Yr.)	43. HOUR OF DEATH (24 Hrs.)
December 14, 1989	1930

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)

Donald W. Pittman, M.D. 112 N. Second Street, Dayton, Washington 99328

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.)	48. HOUR PRONOUNCED DEAD (24 Hrs.)

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

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Hemophilus influenza pneumonia	2 days
DUE TO, OR AS A CONSEQUENCE OF (B)		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF (C)		INTERVAL BETWEEN ONSET AND DEATH

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)
Chronic auricular fibrillation	No	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 — (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 D.W. Pittman M.D.	BY L.T. Wood	December 15, 1989

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

OCT 4 2 19 PM '90

DOH 01-003 (7/89)

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Unofficial Copy

No 161237
CERTIFIED
COLUMBIA NELSON-COUNTY
STATE REGISTRAR
OF VITAL RECORDS
SEP. 24.1990
DO NOT DESTROY

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