

STATE OF WASHINGTON
DEPARTMENT OF HEALTHSTATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

1 NAME—FIRST, MIDDLE, LAST Auresten Stanbrook Wood				2 SEX M		3 DEATH DATE (Mo, Day, Yr) 12/12/89		146		9 31831	
4 AGE LAST BIRTHDAY (Yr) 39		5 UNDER 1 YEAR MOS DAYS		6 UNDER 1 DAY HOURS MINS		7 BIRTH DATE (Mo, Day, Yr) 10/26/1900		8 BIRTH STATE (if not in USA give country) Maine		9 CITIZEN OF WHAT COUNTRY? US	
10 COUNTRY OF DEATH Columbia				11 CITY, TOWN OR LOCATION OF DEATH Dayton				12 PLACE OF DEATH—BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Robison's Nursing Home			
13 SMOKING IN LAST 15 YEARS? (Yes/No) No		14 MARITAL STATUS—Married, Never Married, Widowed Widowed		15 SURVIVING SPOUSE (if wife, give maiden name) NA		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No		17 SOCIAL SECURITY NO 542-07-7911		18 HIGH SCHOOL GRADUATE? (Yes/No) Yes	
19 USIA DEPARTMENT (give kind of work done during most of working life, DO NOT USE BETWEEN)				20 KIND OF BUSINESS OR INDUSTRY Wastewater treatment Plant, Vancouver, WA				21 Was Decedent of Hispanic Origin or descent? (Ancestry) Specify Yes or No if Yes specify Cuban, Mexican, Puerto Rican, etc. No		22 RACE White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. White	
23 RESIDENCE—NUMBER AND STREET 221 E. Washington				24 CITY/TOWN OR LOCATION Dayton		25 INSIDE CITY LIMITS? (Yes/No) Yes		26 COUNTY Columbia		27 STATE Wash.	
28 ZIP CODE 99328				29 FATHER'S NAME—FIRST, MIDDLE, LAST Lousan Ansel Wood				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME NA Partidge			
31 INFORMANT—NAME Mr. Stanley Wood				32 MAILING ADDRESS Rt 3, Box 264 Dayton, Wa. 99328				33 BIRTH DATE (Mo, Day, Yr) 12/14/39			
34 CREMATION, REMOVAL, OTHER (Specify) Cremation				35 CEMETERY/CREMATORY—NAME Professional Funeral Director, Walla Walla, Wa.				36 LOCATION—CITY/TOWN STATE Professional Funeral Director, Walla Walla, Wa. 99362			
37 FURNERAL DIRECTOR X				38 FURNERAL DIRECTOR 2112 S. 2nd Ave Walla Walla, Wa. 99362				39 FURNERAL DIRECTOR 2112 S. 2nd Ave Walla Walla, Wa. 99362			
40 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 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 M.D. 42 DATE SIGNED (Mo, Day, Yr) December 14, 1989 43 HOUR OF DEATH (24 Hrs) 1930 44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Donald W. Pittman, M.D. 112 N. Second Street, Dayton, Washington 99328						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 45 DATE SIGNED (Mo, Day, Yr) 46 HOUR OF DEATH (24 Hrs) 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) Donald W. Pittman, M.D. 112 N. Second Street, Dayton, Washington 99328						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) Hemophilus influenza pneumonia DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) INTERVAL BETWEEN ONSET AND DEATH 2 days INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH					
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Chronic auricular fibrillation						52 AUTOPSY? (Yes/No) No					
53 HAD CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No						54 ACC. SUICIDE NO. 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—11 HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify) 60 LOCATION—STREET OR RD NO, CITY/TOWN, STATE					
61 REGISTRAR SIGNATURE X						62 DATE RECEIVED (Mo, Day, Yr) December 15, 1989					

DSHS 9-150 (Rev. 1-89)-1107

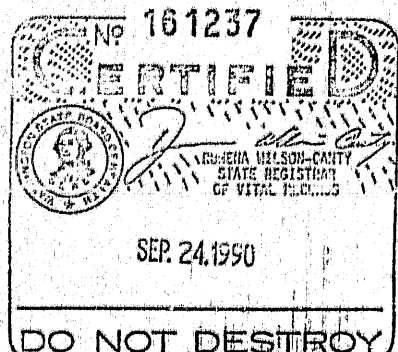
OCT 4 2 19 PM '90

J. Lowry

GARY L. O'NEILL

10-5-90

DOH 01-003 (7/89)



029432 F