

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 124 PAGE 8

11 LOCAL FILE NUMBER

1 NAME—FIRST, MIDDLE, LAST

Grace Elizabeth QUOSS

2 SEX
Female

3 DEATH DATE (Mo., Day, Yr.)
6/29/1991

146

STATE FILE NUMBER

4 AGE LAST BIRTH-
DAY (Yr.)
72

5 UNDER 1 YEAR
MONTHS DAYS
HOURS MINUS

6 UNDER 1 DAY
HOURS MINUS

7 BIRTHDATE (Mo., Day, Yr.)
7/28/1918

8 BIRTH STATE (if not in
USA give country)
Oklahoma

9 CITIZEN OF WHAT COUNTRY?
U.S.A.

10 COUNTY OF DEATH
Skamania

11 CITY, TOWN OR LOCATION OF DEATH
Carson

12 PLACE OF DEATH—
1 HOME 2 IN TRANSIT 3 EMERGENCY OUTPATIENT 4 HOSPITAL 5 NURSING HOME 6 OTHER PLACE
Boyer's Foster Home

13 SHOWING IN LAST
15 YEARS? (Yes/No)
No

14 MARITAL STATUS—
Never Married, Widowed,
Divorced, Separated
Married

15 SURVIVING SPOUSE (if wife, give maiden name)
Walter C. Quoss

16 WAS DECEDENT
EVER IN U.S. ARMED
FORCES? (Yes/No)
NO

17 SOCIAL SECURITY NO.
545-26-1768

18 HIGH SCHOOL
GRADUATE?
(Yes/No)
8

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 in Hospital or Institution? (Ancestry)
(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., Hawaiian, etc.)
(Specify)
White

23 RESIDENCE—NUMBER AND STREET
Guide Meridian Road

24 CITY/TOWN, OR LOCATION
Stevenson

25 INSIDE CITY
LIMITS?
(Yes/No)
N

26 COUNTY
Skamania

27 STATE
Washington

28 ZIP CODE
98648

29 FATHER'S NAME—FIRST, MIDDLE, LAST
Valentine

30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Annie McGee

31 INFORMANT—NAME
Walter Quoss

32 MAILING ADDRESS
P.O. Box 147 Stevenson, WA 98648

33 BIRTHAL, CREMATION,
REMOVAL, OTHER (Specify)
Burial

34 DATE (Mo., Day, Yr.)
7/2/1991

35 CEMETERY/CREMATORY—NAME
Wind River Cemetery

36 LOCATION—CITY/TOWN, STATE
Carson, WA

37 FUNERAL DIRECTOR
SIGNATURE
X *P. P. P.*

38 NAME OF FACILITY
GARDNER FUNERAL HOME, INC.

39 ADDRESS OF FACILITY
Box 390

40 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE
CAUSE(S) STATED
X

41 ON THE BASIS OF EXAMINATION AND INVESTIGATION IN MY OPINION DEATH OCCURRED AT
THE TIME DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
X

42 DATE SIGNED (Mo., Day, Yr.)
July 3, 1991

43 HOUR OF DEATH (24 Hrs.)
1030

44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
Robert K. Leick, Coroner

45 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Skamania County Courthouse Stevenson, WA

46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Stevenson, WA

47 PRONOUNCED DEAD (Mo., Day, Yr.)
June 29, 1991

48 HOUR PRONOUNCED DEAD
(24 Hrs.)
1135

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.

51 IMMEDIATE CAUSE (Final disease or
condition resulting in death).
Sequentially list conditions, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (Disease or in-
jury which initiated events resulting in
death) LAST.

(A) Creutzfeldt Jakob (Jakobs Disease)

(B) DUE TO OR AS A CONSEQUENCE OF

(C) DUE TO OR AS A CONSEQUENCE OF

INTERVAL BETWEEN ONSET
AND DEATH
3 mos.

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

53 ACC. SUICIDE NO. UNDER OR
PENDING INVEST. (Specify)
Terminal Illness

54 INJURY DATE (Mo., Day, Yr.)

55 HOUR OF INJURY (24 Hrs.)

56 DESCRIBE HOW INJURY OCCURRED

57 AUTOPSY? (Yes/No)
No

58 WAS CASE REFERRED TO
MEDICAL EXAMINER OR COR-
ONER? (Yes/No)
Yes

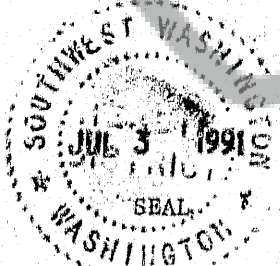
59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE
(G.D.O., E.T.O. (Specify))

60 LOCATION—STREET OR R.F.D. NO., CITY/TOWN, STATE

61 REGISTRAR
SIGNATURE
X *Karen Steingart, M.D.*

62 DATE RECEIVED (Mo., Day, Yr.)
7-3-91

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)



SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, M.D.

Karen R. Steingart, M.D.
District Health Officer

DOH 91-003 (7/89)