112412

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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

DECEDENT

1 NAME—FIRST, MIDDLE, LAST	2 SEX	3 DEATH DATE (Mo., Day, Yr.)	STATE FILE NUMBER
RALPH HENRY LETHLEAN	Male	June 21, 1991	146

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
63			Dec. 5, 1927	Oregon	U.S.A.	Thurston

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 PTH 4 ☒ HOSP 5 ☐ NURS HOME 6 ☐ OTHER PLACE	13 SMOKING IN LAST 15 YEARS? (Yes/No)
Olympia	St. Peter Hospital	Yes

14 MARITAL STATUS — Married, Never Married, Widowed, Divorced, (Specify)	15 SURVIVING SPOUSE (If wife, give maiden name)	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17 SOCIAL SECURITY NO	18 HIGH SCHOOL GRADUATE? (Yes/No)
Married	Linda Everett	No	538-16-5011	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? (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., Hispanic, etc. (Specify)
Ret. Truck Driver	Logging		White

23 RESIDENCE - NUMBER AND STREET	24 CITY/TOWN, OR LOCATION	25 INSIDE CITY LIMITS? (Yes/No)	26 COUNTY	27 STATE	28 ZIP CODE
4334 - 14th Ave. N. W.	Olympia	Yes	Thurston	Washington	98502

PARENTS

29 FATHER'S NAME — FIRST, MIDDLE, LAST	30 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
Thomas B. Lethlean	Reba Mae Hornbeck

DISPOSITION

31 INFORMANT — NAME	32 MAILING ADDRESS — STREET OR RFD NO. / CITY OR TOWN / STATE / ZIP
Linda Lethlean - Wife	4334 - 14th Ave. N. W., Olympia, Washington 98502

33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34 DATE (Mo., Day, Yr.)	35 CEMETERY/CREMATORY — NAME	36 LOCATION — CITY/TOWN, STATE
Burial	June 26, 1991	Willamette National Cemetery	Portland, Oregon

37 FUNERAL DIRECTOR SIGNATURE	FACILITY	38 ADDRESS OF FACILITY
X [signature]	Grubb's Funeral Home	Camas, Washington

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 [signature]	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 THURSTON COUNTY
42 DATE SIGNED (Mo., Day, Yr.) 6/25/91	43 HOUR OF DEATH (24 Hrs.) 1345
44 DATE SIGNED (Mo., Day, Yr.) 10/28/91	45 HOUR OF DEATH (24 Hrs.) AM/PM 1:18 PM
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47 PRONOUNCED DEAD (Mo., Day, Yr.)
	REQUEST OF CORONER/MEDICAL EXAMINER Sam S. Reed, AUDITOR BY: MIKE, DEPUTY
48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)	49 TIME OF DEATH
Chris N. Griffith, M.D. 500 N. E. Lilly Rd. N. E., Olympia, WA 98506	DEATH

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. ENTER ONLY ONE CAUSE ON EACH LINE.

		INTERVAL BETWEEN ONSET AND DEATH
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) Cardiopulmonary Arrest	
	DUE TO, OR AS A CONSEQUENCE OF (B) Brain Stem Herniation	
	DUE TO, OR AS A CONSEQUENCE OF (C) Massive Occipital Stroke	

51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Arteriosclerosis, Hypertension

52 AUTOPSY? (Yes/No): No

53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/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 — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)

60 LOCATION — STREET OR RFD NO., CITY OR TOWN, STATE

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9110280171
File# 9110280171

61 REGISTRAR SIGNATURE
X [signature]

62 DATE RECEIVED (Mo., Day, Yr.) JUL 02 1991

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

This is to certify that the foregoing is a true, full, correct copy of the original certificate of death of RALPH HENRY LETHLEAN on file in this office.

[signature]
Health Officer and Registrar

By [signature]

THURSTON COUNTY HEALTH DEPARTMENT Olympia, Washington July 2 1991

Registered ✓
Indexed, Dir ✓
Indirect ✓
Filmed 11/8/91
Mailed

DOH 01-003 (7/89)

FILED FOR RECORD
SKAMANIA CO., WASH
BY Rayburn Rudenbostel

Nov 7 | 15 PM '91

P. Lowry
AUDITOR
GARY M. OLSON