# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
## DIVISION OF HEALTH

VITAL RECORDS

13 LOCAL FILE NUMBER **113571** **CERTIFICATE OF DEATH** BOOK 128 PAGE 782

**DECEDENT**

| 1. NAME—FIRST, MIDDLE, LAST | 2. SEX | 3. DEATH DATE (Mo., Day, Yr.) | STATE FILE NUMBER |
|---|---|---|---|
| Lynnetta G. MORNINGSTAR | Female | 06 Jun 1989 | 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 |
|---|---|---|---|---|---|---|
| 45 | | | 11/6/1943 | Washington | U.S.A. | Skamania |

| 11. CITY, TOWN OR LOCATION OF DEATH | 12. PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1. X HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG. ROOM/OUT PTN. 4. ☐ HOSP 5. ☐ NUR. HOME 6. ☐ OTHER PLACE | 13. SMOKING IN LAST 15 YEARS? (Yes/No) |
|---|---|---|
| Stevenson | 270 Columbia View Avenue | No |

| 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 | Gary W. Morningstar | No | 533-44-7888 | 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.) | 22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc.) (Specify) |
|---|---|---|---|
| Teacher | Education | ☐ Yes X No | White |

| 23. RESIDENCE - NUMBER AND STREET | 24. CITY/TOWN, OR LOCATION | 25. INSIDE CITY LIMITS? (Yes/No) | 26. COUNTY | 27. STATE | 28. ZIP CODE |
|---|---|---|---|---|---|
| 270 Columbia View Ave | Stevenson | Yes | Skamania | Washington | 98648 |

**PARENTS**

| 29. FATHER'S NAME—FIRST, MIDDLE, LAST | 30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME |
|---|---|
| Gilbert A. Giles | Helen - Hawthorne |

**INFORMANT**

| 31. INFORMANT—NAME | 32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP) |
|---|---|
| Gary W. Morningstar | P.O. Box 386 Stevenson, WA 98648 |

**DISPOSITION**

| 33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) | 34. DATE (Mo., Day, Yr.) | 35. CEMETERY/CREMATORY—NAME | 36. LOCATION—CITY/TOWN, STATE |
|---|---|---|---|
| Cremation | 6/8/89 | Park Hill Crematory | Vancouver, WA |

| 37. FUNERAL DIRECTOR SIGNATURE | 38. NAME OF FACILITY | 39. ADDRESS OF FACILITY |
|---|---|---|
| X K. P. Davis | GARDNER FUNERAL HOME, INC. | Box 390 White Salmon, WA 98672 |

**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

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 Robert K. Leick

| 42. DATE SIGNED (Mo., Day, Yr.) | 43. HOUR OF DEATH (24 Hrs.) | 44. DATE SIGNED (Mo., Day, Yr.) | 45. HOUR OF DEATH (24 Hrs.) |
|---|---|---|---|
| | | June 12, 1989 | 0130 |

| 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.) |
|---|---|---|
| | June 06, 1989 | 0600 |

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

**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) Respiratory Failure | |
| | DUE TO, OR AS A CONSEQUENCE OF: (b) Medi-static Carcinoma of Breast | 2 Yrs. |
| | DUE TO, OR AS A CONSEQUENCE OF: (c) | |

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) |
|---|---|
| No | Yes |

| 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/TOWN, STATE |
|---|---|---|
| | | |

61. REGISTRAR SIGNATURE
X Karen Steingart MD

Registered ☐
Indexed ☐
Indirect ☐
Filmed ☐
Mailed ☐

62. DATE RECEIVED (Mo., Day, Yr.)
June 13, 1989

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

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TREE
MAY 11 4 50 PM '92

SOUTHWEST WASHINGTON HEALTH DISTRICT
Karen R. Steingart, M.D.
District Health Officer

SOUTHWEST WASHINGTON HEALTH DISTRICT
JUN 13 1989
SEAL
WASHINGTON

CARY M. OLSON

DSHS 9-541A (11/88)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.