113835 BOOK 129 PAGE 449

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

DECEDENT

1. NAME—FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)	STATE FILE NUMBER
Henry Lester PIETZ	Male	Dec. 25, 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 or FOR IN USA (give country)	9. CITIZEN OF WHAT COUNTRY	10. COUNTY OF DEATH
73			June 11, 1918	Washington	United States	Clark

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ ONE FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 ☐ Home 2 ☐ En Transport 3 ☐ Dead on Arrival 4 ☐ Hosp. 5 ☐ N/H Home 6 ☐ Other) ADDRESS	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Vancouver	2507 N.E. 59th Street	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	Vera V. Outland	Yes	539-01-0824	No

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, etc.) 1 ☐ Yes 2 ☐ No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc (Specify)
Salesman	Recreational Vehicles		White

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
2507 N.E. 59th Street	Vancouver	Yes	Clark	Washington	98663

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Louie Pietz	Mary Gates

31. INFORMANT—NAME	32. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Vera V. Pietz (wife)	2507 N.E. 59th Street, Vancouver, Washington 98663

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo., Day, Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Burial	12-30-91	Park Hill Cemetery	Vancouver, Washington

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X Kenneth R Anderson	Vancouver Funeral Chapel	110 E. 12th St. Vancouver, Washington 98660

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 George E. Wiebe

42. DATE SIGNED (Mo., Day, Yr.): Dec 26/91

43. HOUR OF DEATH (24 Hrs.): 1830

44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

45. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
George E. Wiebe, MD. , 315 S.E. Stonemill Dr., Vancouver, Washington 98684

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

46. DATE SIGNED (Mo., Day, Yr.)

47. HOUR OF DEATH (24 Hrs.)

48. PRONOUNCED DEAD (Mo., Day, Yr.)

49. 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)	Metastatic Sq. cell Carcino	
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)

54. ACC., SUICIDE, HOM., 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, mad

62. DATE RECEIVED (Mo., Day, Yr.)
DEC 26 1991

DOH 110-006 (Rev. 8/88) (formerly DSHS 9-150)

RECORDER'S NOTE:
NOT AN ORIGINAL DOCUMENT

SEAL

Karen Steingart, mad.

Karen Steingart, M.D.
Public Health District Officer

Registered
Indexed, dir
Indirect
Filmed 7/9/92
Mailed

DOH 01-003 (7/89)

6/26/92

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

Unofficial Copy

FILED FOR RECORD
SKAMANIA CO. WASH
BY Vera Pietz

JUN 26 11 42 AM '92

P. Lowry
FOR
GARY H. OLSON