STATE OF WASHINGTON
DEPARTMENT OF HEALTH
VITAL STATISTICS SECTION

8

229268

113905

CERTIFIED COPY OF DEATH CERTIFICATE

4700
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS
CERTIFICATE OF DEATH

BOOK 129 PAGE 586

146
STATE FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST: BETTY T. CRUM
2. SEX: Female
3. DEATH DATE (Mo. Day Yr.): May 23,1990
4. AGE LAST BIRTHDAY (Yrs): 60
5. UNDER 1 YEAR MOS DAYS
6. UNDER 1 DAY HOURS MINS
7. BIRTHDATE (Mo. Day Yr.): Feb.2,1925
8. BIRTH STATE (if not USA name country): Michigan
9. CITIZEN OF WHAT COUNTRY?: U.S.A.
10. COUNTY OF DEATH: King
11. CITY, TOWN, OR LOCATION OF DEATH: Seattle
12. PLACE OF DEATH: Swedish Medical Center
13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE (If wife, give maiden name): Thomas Raymond Crum
16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
17. SOCIAL SECURITY NO.: 377-26-2643
18. HIGH SCHOOL GRADUATE? (Yes/No): Yes
19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Teacher
20. KIND OF BUSINESS OR INDUSTRY: Public Education
21. Was Decedent of Hispanic Origin or descent? (Ancestry): 1. Yes 2. No
22. RACE: White
23. RESIDENCE—NUMBER AND STREET: 4503 108th Ave. N.E.
24. CITY/TOWN, OR LOCATION: Kirkland
25. INSIDE CITY LIMITS? (Yes/No): Yes
26. COUNTY: King
27. STATE: Washington
28. ZIP CODE: 98033
29. FATHER'S NAME—FIRST, MIDDLE, LAST: Sydney Milson
30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Elizabeth Thomson
31. INFORMANT—NAME: Thomas Taymond Crum
32. MAILING ADDRESS: 4503 108th Ave. N.E. Kirkland, Washington 98033
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
34. DATE (Mo. Day Yr.): 05/25/1990
35. CEMETERY/CREMATORY—NAME: Bleitz Crematory
36. LOCATION—CITY/TOWN, STATE: Seattle, Washington 98109
37. FUNERAL DIRECTOR SIGNATURE: Gary B. Mottram 829
38. NAME OF FACILITY / 39. ADDRESS OF FACILITY: Bleitz Funeral Home 316 Florentia St. Seattle WA. 98109

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: Edward Weber
42. DATE SIGNED (Mo. Day Yr.): 5/25/90
43. HOUR OF DEATH (24 Hrs): 01100hrs.
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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
44. DATE SIGNED (Mo. Day Yr.)
45. 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): Edward Weber, M.D. 1221 Madison, Seattle, Wa. 98104

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

	Cause	Interval between onset and death
(a)	Carcinomatosis	2 mo
(b) DUE TO, OR AS A CONSEQUENCE OF		
(c) DUE TO, OR AS A CONSEQUENCE OF	Carcinoma of lung	1/89

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
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: Thomas M. Iwata
62. DATE RECEIVED (Mo. Day Yr.): MAY 25 1990

FILED FOR RECORD KLICKITAT COUNTY AUDITOR
92 JUL -1
FILED BY
RETURN TO L. E. Hansen

Registered
Indexed, Dir
Indirect
Filmed 7/15/92

DOH 01-003 (7/89)

VOL 285 PAGE 095-096

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

-over-

VOL 285 PAGE 095

(OVER)

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE

JUL 6 3 45 PM '92
P. Lowry
AUDITOR
GARY H. OLSON

No
CERTIFIED
MAY 30 1990
STATE OF WASHINGTON
SEATTLE-KING COUNTY DEPT. OF PUBLIC HEALTH
R.M. Nicola
R.M. NICOLA, MD
DIR., SEATTLE-KING CO.
DEPT. OF PUBLIC HEALTH
DO NOT DESTROY

162562 D