

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

117790

CERTIFIED COPY OF DEATH CERTIFICATE

BOOK 129 PAGE 140
REEL 403 FR 480

4035 510618

VITAL RECORDS

CERTIFICATE OF DEATH

146-8

1. NAME (LAST, FIRST, MIDDLE, LAST) DOROTHY MARILYN MORROW		2. SEX F		3. BIRTHDATE (MO DAY YR) 5/17/1931		4. STATE FILE NUMBER 146-8	
5. RACE (WHITE, BLACK, AM INO, 3 AGE, LAST IN) white		6. INDEX YEAR 67		7. DEATH DATE (MO DAY YR) 10/11/1981		8. COUNTY OF DEATH King	
9. CITY, TOWN OR CENSUS TRACT OF DEATH Bellevue		10. PLACE OF DEATH - CHECK TYPE OF PLACE (THE HOME ADDRESS OR INST HOME, LAKE, BOAT, IN TRANSPORT, 3 EMERGENCY ROOM, 4 HOSPITAL, 5 TRAINING HOME) Overlake Hospital		11. RECEIVED EMERGENCY CARE (CHECK ONE) (YES OR NO) NO		12. YES OR NO (CHECK ONE) (YES OR NO) NO	
13. BIRTH STATE OR DISTRICT OR COUNTRY Wisconsin USA		14. MARRIAGE RECORD (CHECK ONE) (MARRIED, UNMARRIED, DIVORCED) married		15. HUSBAND'S NAME (LAST, FIRST, MIDDLE) Theron I. Morrow		16. YES OR NO (CHECK ONE) (YES OR NO) no	
17. SOCIAL SECURITY NUMBER 390 26 1732 A		18. USUAL OCCUPATION (JOB AND IF NONE DONE DURING MOST OF WORKING LIFE) School Teacher		19. NAME OF BUSINESS OR INDUSTRY Elementary Schools			
20. RESIDENTIAL NUMBER AND STREET 1519 123rd S.E.		21. CITY, TOWN OR CENSUS TRACT Bellevue		22. COUNTY King		23. STATE Washington	
24. FATHER'S NAME, FIRST MIDDLE LAST Frank Kolar		25. MOTHER'S NAME, FIRST MIDDLE LAST Mary Sale					
26. DECEASED'S NAME Mr. Theron I. Morrow (husband)		27. MAILING ADDRESS (STREET, APARTMENT, CITY OR TOWN, STATE, ZIP) 1519 123rd Ave. S.E., Bellevue, WA 98005					
28. INITIAL CAUSE OF DEATH (REMOVE OTHER CAUSES) Crenation		29. DATE (MO DAY YR) 5/20/1981		30. CEMETERY OR CREMATORIAL Sunset Crematory		31. LOCATION (CITY, TOWN, STATE) Bellevue, Washington	
32. FUNERAL DIRECTOR Green Funeral Home		33. NAME OF FACILITY GREEN FUNERAL HOME, 1215 145th PL. SE.		34. ADDRESS OF FACILITY Bellevue, WA 98007			
35. SIGNATURE OF PHYSICIAN David B. Ferrin		36. TITLE MD		37. SIGNATURE OF MEDICAL EXAMINER OR CORONER X		38. TITLE	
39. DATE (MO DAY YR) 5/19/81		40. HOUR OF DEATH (24 HRS) 1429		41. HOUR OF DEATH (24 HRS) 1429		42. HOUR OF DEATH (24 HRS) 1429	
43. NAME AND ADDRESS OF CLINIC OR PHYSICIAN David B. Ferrin MD, 1600 116th N.E., Bellevue, Washington 98004		44. MEDICAL EXAMINER OR CORONER (FILL IN) David B. Ferrin MD, 1600 116th N.E., Bellevue, Washington 98004		45. INTERVAL BETWEEN ONSET AND DEATH		46. INTERVAL BETWEEN ONSET AND DEATH	
47. IMMEDIATE CAUSE Cardiac Arrest		48. CAUSE PERTAINING TO DEATH		49. INTERVAL BETWEEN ONSET AND DEATH		50. INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER CAUSE Myocardial Infarction		52. CAUSE PERTAINING TO DEATH		53. INTERVAL BETWEEN ONSET AND DEATH		54. INTERVAL BETWEEN ONSET AND DEATH	
55. OTHER CAUSE Coronary Atherosclerosis		56. CAUSE PERTAINING TO DEATH		57. INTERVAL BETWEEN ONSET AND DEATH		58. INTERVAL BETWEEN ONSET AND DEATH	
59. OTHER CAUSE STROKE - ICH		60. CAUSE PERTAINING TO DEATH		61. INTERVAL BETWEEN ONSET AND DEATH		62. INTERVAL BETWEEN ONSET AND DEATH	
63. HOUR OF DEATH (24 HRS) 1429		64. HOUR OF DEATH (24 HRS) 1429		65. HOUR OF DEATH (24 HRS) 1429		66. HOUR OF DEATH (24 HRS) 1429	
67. PLACE OF DEATH (STREET, APARTMENT, CITY OR TOWN, STATE) Bellevue, WA		68. LOCATION (CITY, TOWN, STATE) Bellevue, WA		69. DATE RECEIVED (MO DAY YR) MAY 11 1981			

8-9-15-1100

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

016201
REAL ESTATE EXCISE TAX

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Oct 29 11 21 AM '93
P. Lowry
AUDITOR
CARY M. OLSON

OCT 29 1993
PAID Exempt
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SKAMANIA COUNTY DOH 01-003 (7/89)

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CERTIFIED
MAY 29 1990
STATE OF WASHINGTON
DO NOT DESTROY

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