STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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23
LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

Field	Entry
1. NAME (First, Middle, Last)	NORMA GREER BROCKMAN
2. SEX (M/F)	FEMALE
3. DEATH DATE (Mo, Day, Yr)	JULY 22, 1993
4. AGE LAST BIRTHDAY (Yrs)	70
5. UNDER 1 YEAR (Mos, Days)	
6. UNDER 1 DAY (Hours, Mins)	
7. BIRTHDATE (Mo, Day, Yr)	APR 23, 1923
8. BIRTHPLACE (City, State or Foreign Country)	CARSON, WA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	NO
10. COUNTY OF DEATH	SKAMANIA
11. CITY, TOWN OR LOCATION OF DEATH	CARSON
12. PLACE OF DEATH	BOX 323 2ND STREET
13. SMOKING IN LAST 15 YEARS? (Yes / No)	YES
14. MARITAL STATUS	MARRIED
15. SURVIVING SPOUSE (if wife, give maiden name)	RAY A. BROCKMAN
16. SOCIAL SECURITY NO.	533-16-6560
17. DECEDENT'S EDUCATION (Elementary/Secondary (0-12) / College (1-4 or 5+))	12
18. USUAL OCCUPATION	HOMEMAKER
19. KIND OF BUSINESS OR INDUSTRY	OWN HOME
20. Was Decedent of Hispanic origin or descent? (Yes / No) Specify:	No
21. RACE (Specify)	WHITE
22. RESIDENCE—NUMBER AND STREET	BOX 323 2ND ST
23. CITY/TOWN, OR LOCATION	CARSON
24. INSIDE CITY LIMITS? (Yes / No)	NO
25A. COUNTY	SKAMANIA
25B. LENGTH OF RES. IN CO.	70 YRS
26. STATE	WA
27. ZIP CODE	98610
28. FATHER'S NAME—FIRST, MIDDLE, LAST	HAROLD D. GORDON
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME	ETHEL H. GREER
30. INFORMANT—NAME	RICHARD B. MICHAEL
31. MAILING ADDRESS (Street or RFD No., City or Town, State, Zip)	2421 CLAY ST #13 SACRAMENTO CA 95815
32. BURIAL, CREMATION	CREMATION
33. DATE (Mo, Day, Yr)	7/23/93
34. CEMETERY/CREMATORY—NAME	WIN-QUATT CREMATORY
35. LOCATION—CITY/TOWN, STATE	THE DALLES, OR
36. FUNERAL DIRECTOR SIGNATURE	X [signature]
37. NAME OF FACILITY	GARDNER FUNERAL HOME, INC.
38. ADDRESS OF FACILITY	POB 390 WHITE SALMON WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE
X

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

41. HOUR OF DEATH (24 Hrs.)

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

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

43. 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: [signature], County Coroner

44. DATE SIGNED (Mo., Day, Yr): August 9, 1993

45. HOUR OF DEATH (24 Hrs): 2030

46. PRONOUNCED DEAD (Mo., Day, Yr): July 22, 1993

47. HOUR PRONOUNCED DEAD (24 Hrs): 2300

48. ME/CORONER FILE NUMBER: 93-042SK

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

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

IMMEDIATE CAUSE (Final disease or condition resulting in 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. 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.	Terminal Cancer (Intestines/Stomach/Liver)	2 mos.
B. DUE TO, OR AS A CONSEQUENCE OF		
C. DUE TO, OR AS A CONSEQUENCE OF		
D. DUE TO, OR AS A CONSEQUENCE OF		

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Indirect
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SKAMANIA CO. WASH
BY Kielpinski & Assoc.
Nov 15 4 08 PM '93
G. Lowry
AUDITOR
GARY M. OLSON

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes

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. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62. REGISTRAR SIGNATURE: X [signature: Steingart], aug 9

63. DATE RECEIVED (Mo., Day, Yr): Aug 9, 1993

DOH 110-008 (Rev 7/91) (5/92)

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

Unofficial Copy

CERTIFIED

AUG 9 - 1993

[signature]
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

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