

VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 139 PAGE 593
146-8

8-D

LOCAL FILE NUMBER

117987

STATE FILE NUMBER

1. NAME (FIRST, MIDDLE, LAST) Lowell Lewis LEIGHTON		2. SEX Male		3. DEATH DATE (MO DAY YR) 13 Apr 1984		4. COUNTY OF DEATH Skamania	
4. RACE (WHITE, BLACK, AM IN., ETC. (SEE ICPA)) White		5. AGE - LAST BIRTHDAY (YR) 84		6. BIRTH DATE (MO DAY YR) 24 Sep 1899		7. RECEIVED EMERGENCY CARE (AMBULANCE, FIRE, POLICE) Yes	
8. CITY, TOWN OR LOCATION OF DEATH Willard		9. PLACE OF DEATH - (1) HOME (2) BOARDING PLACE (3) HOTEL (4) CRUISE (5) STRAIGHT (6) OTHER (7) HOME (8) OTHER PLACE Star Route		10. INSTITUTION NAME (IF APPLICABLE) Star Route		11. RECEIVED EMERGENCY CARE (AMBULANCE, FIRE, POLICE) Yes	
12. CITIZENSHIP (IF NOT IN U.S.A. GIVE COUNTRY) Iowa		13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		14. ESPOUSE (IF DECEASED GIVE NAME) DUTTON Ruth O. Leighton		15. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No	
16. SOCIAL SECURITY NO. 531-12-7093		17. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Wood Hauler		18. KIND OF BUSINESS OR INDUSTRY Firewood			
19.7. RESIDENCE - NUMBER AND STREET Star Route		19.2. CITY/TOWN, OR LOCATION Willard		19.3. HOUSE CITY LIMITS (YES/NO) No		19.4. COUNTY Skamania	
19.5. STATE Washington		20. FATHER - NAME FIRST, MIDDLE, LAST Alba Jacob Leighton		20.1. OTHER - MAIDEN NAME FIRST, MIDDLE, LAST SBORN Estella - Leighton			
21. INFORMANT - NAME Ruth Leighton		22. MAILING ADDRESS Star Route Willard, Washington 98605		23. NET OR RFD NO. Star Route Willard, Washington 98605		24. CITY OR TOWN Star Route Willard, Washington 98605	
25. STATE Washington		26. MARITAL ADDRESS Star Route Willard, Washington 98605		27. NET OR RFD NO. Star Route Willard, Washington 98605		28. CITY OR TOWN Star Route Willard, Washington 98605	
29. RITUAL, CREMATION (SPECIAL OTHER SPECIFY) Burial		30. DATE (MO DAY YR) 16 Apr 1984		31. CEMETERY/CREMATORY - NAME Klickitat Co. Dist. #1		32. LOCATION - CITY/TOWN, STATE White Salmon, Wa.	
33. FUNERAL DIRECTOR SIGNATURE <i>R. P. Dickie</i>		34. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		35. ADDRESS OF FACILITY White Salmon, WA			
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.				41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
SIGNATURE AND TITLE <i>Robert K. Leick</i> Coroner				42. DATE SIGNED (MO DAY YR) April 18, 1984			
43. DATE SIGNED (MO DAY YR) April 18, 1984				44. HOUR OF DEATH (IN HR) 0655		45. HOURS OF DEATH (IN HR) 0655	
46. NAME AND TITLE OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER (TYPE OR PRINT)) ROBERT K. LEICK, County Coroner, Cthse Bldg., Stevenson, WA 98648				47. PRONOUNCED DEAD (MO DAY YR) April 13, 1984		48. HOUR PRONOUNCED DEAD (IN HR) 0725	
49. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)							
50. IMMEDIATE CAUSE Coronary Occlusion							
51. (A) DUE TO, OR AS A COMPLICATION OF: Coronary Occlusion							
52. (B) DUE TO, IN A COMBINATION OF: Coronary Occlusion							
53. (C) OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Residence							
54. AGED, SUICIDE, HOMICIDE, UNDER OR PENDING INQUIRY (SPECIFY) No				55. HURRY DATE (MO DAY YR) Apr 13, 1984		56. HOUR OF HURRY (IN HR) 0655	
57. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BOAT, ETC. (SPECIFY) Residence				58. DESCRIBE INJURY OCCURRED Coronary Occlusion			
59. SIGNATURE <i>Robert K. Leick</i>				60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE Star Rt., Willard, WA			
61. REGISTERAR SIGNATURE <i>Robert K. Leick</i>				62. DATE RECEIVED (MO DAY YR) Apr. 19, 1984			
63. IT 'M				64. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM:		65. DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATED UNDERLYING CAUSE LAST

DHS 8-180 (REV. 1-82)

THIS IS TO CERTIFY, that the foregoing is a true copy (photographic) of a record on file with the Southwest Washington Health District, Stevenson, Washington

FILED FOR RECORD

SKAMANIA CO. WASH

By Veda Bagabus



Robert K. Leick
R.W. Leick, M.D.
District Health Officer

Nov 18 9 39 AM '93
Gary M. Olson
AUDITOR
GARY M. OLSON

By *Judith Evert*
Deputy Registrar

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