STATE OF WASHINGTON
DEPARTMENT OF HEALTH

574
LOCAL FILE NUMBER

122144 CERTIFICATE OF DEATH

148

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1. Name (First, Middle, Last)	Evelyn Marie AMUNDSON
2. Sex	Female
3. Death date	April 23, 1993
4. Age last birthday	71
7. Birthdate	Apr. 25, 1921
8. Birthplace	Sagle, Idaho
9. Was decedent ever in U.S. Armed Forces?	no
10. County of death	Clark
11. City, town or location of death	Vancouver
12. Place of death	Highland Terrace Nursing Home
13. Smoking in last 15 years?	yes
14. Marital status	Widowed
15. Surviving spouse	
16. Social Security No.	536-22-0369
17. Decedent's education	9
18. Usual occupation	Homemaker
19. Kind of business or industry	Own Home
20. Was decedent of Hispanic origin?	no
21. Race	White
22. Residence—number and street	2946 E. 1st. Ave.
23. City/town	Camas
24. Inside city limits	yes
24a. County	Clark
25. Length of residence in county	23yrs
26. State	WA.
27. Zip code	98607
28. Father's name	Archie Oral Irish
29. Mother's name	Odell C. Eilertsen
30. Informant—name	Leonard Parrish
31. Mailing address	9223 Muroc St. Bellflower CA. 90706
32. Burial, cremation, removal, other	Burial
33. Date	Apr. 28, 1993
34. Cemetery/crematory—name	Evergreen Memorial Garden
35. Location—city/town, state	Vancouver, WA.
36. Funeral director signature	x [signature]
37. Name of facility	Memorial Gardens Mortuary
38. Address of facility	1101 NE 112th Ave Vancouver, WA. 98684

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 [signature] MD

40. Date signed: 4-26-93

41. Hour of death: 1912

42. Name and title of attending physician if other than certifier:

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.

Signature and title: x

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
APR 24 2 44 PM '05
[signature]
AUDITOR
GARY H. OLSON

46. Name and address of certifier: Timothy Ross M.D. 9991 NW Hoge Portland OR. 97231

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

	Cause	Interval between onset and death
Immediate cause a.	Acute respiratory failure	1 hr.
Due to, or as a consequence of b.	Acute aspiration ē pneumonia	5 hrs.
Due to, or as a consequence of c.		
Due to, or as a consequence of d.		

51. Significant conditions: Bronchogenic carcinoma with pleural effusion

52. Autopsy? no

53. Was case referred to medical examiner or coroner? no

Registrar signature: [signature] M.D.

Date received: APR 26 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-005 (Rev. 7/91)

CERTIFIED

APR 28 1993

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

AA250522