

STATE OF WASHINGTON
DEPARTMENT OF HEALTH574
LOCAL FILE NUMBER

122144 CERTIFICATE OF DEATH

146

BOOK 44

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1. NAME Evelyn	2. NAME Marie AMUNDSON	3. DEATH DATE (Mo. Day Year) April 23, 1993	4. DEATH PLACE (Mo. Day Year) Sagle, Idaho	5. DEATH CAUSE (Mo. Day Year) 12. PLACE OF DEATH—IF DEATH OCCURRED IN A HOSPITAL, MEDICAL CENTER, NURSING HOME, OR OTHER INSTITUTION, STATE NAME AND ADDRESS Highland Terrace Nursing Home	6. COUNTY OF DEATH Clark
7. BIRTHDATE (Mo. Day Year) 7-1-1921	8. BIRTHPLACE (Mo. Day Year) ACR, SWAN & PINE, COEUR D'ALENE, IDAHO	9. GENDER Female	10. COUNTY OF DEATH Clark	11. DEATH DATE (Mo. Day Year) APR 23, 1993	12. DEATH PLACE (Mo. Day Year) Highland Terrace Nursing Home
13. CITY, TOWN OR LOCATION OF DEATH Vancouver	14. PLACES OF DEATH—IF DEATH OCCURRED IN A HOSPITAL, MEDICAL CENTER, NURSING HOME, OR OTHER INSTITUTION, STATE NAME AND ADDRESS Highland Terrace Nursing Home	15. SURVIVING SPOUSE IN W.O. (Mo. Day Year) Widowed	16. SOCIAL SECURITY NO. 536-22-0369	17. DECEASED'S EDUCATION COLLEGE AND HIGHER GRADES ATTENDED	18. DECEASED'S POLITICAL DEMOCRATIC
19. MARRIED STATUS—MATERIAL Widowed	20. KING OF BUSINESS OR TRADE Own Home	21. AGE AT DEATH (Mo. Day Year) yes	22. LENGTH OF LIFE (Mo. Day Year) 23 yrs	23. STATE WA.	24. ZIP CODE 98607
25. VITAL STATISTICS Archie Oral Irish	26. ADDRESS 9223 Muroc St.	27. MARRIED STATUS Odell C. Ellertsen	28. DEATH DATE (Mo. Day Year) Bellflower, CA. 90706	29. LOCATION—CITY/TOWN/STATE Vancouver, WA.	30. DEATH DATE (Mo. Day Year) 1101 NE 112th Ave
31. BURIAL/CREMATION Burial	32. DATE (Mo. Day Year) Apr. 28, 1993	33. CEMETERY/HOSPITAL/HAIR Evergreen Memorial Garden	34. DATE (Mo. Day Year) SKAMANIA CO., WASH.	35. LOCATION—CITY/TOWN/STATE Vancouver, WA. 98684	36. DATE (Mo. Day Year) SKAMANIA CO., WASH.
37. SIGNATURE AND TITLE <i>John DeLachance</i>			38. SIGNATURE AND TITLE <i>John DeLachance</i>		
39. TO BE COMPLETED ONLY BY PHYSICIAN AND WAS DUE TO THE CAUSES STATED <i>John DeLachance, M.D.</i>			40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER AND WAS DUE TO THE CAUSES STATED <i>John DeLachance, M.D.</i>		
41. DATE PROCLAIMED DEAD (Mo. Day Year) 4-26-93	42. HOUR OF DEATH (Mo. Day Year) 1912	43. DATE PROCLAIMED DEAD (Mo. Day Year) 4-24-93	44. HOUR OF DEATH (Mo. Day Year) 2:44 PM '93	45. DATE PROCLAIMED DEAD (Mo. Day Year) 4-24-93	46. HOUR OF DEATH (Mo. Day Year) 10:00 PM '93
47. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN Timothy Ross, M.D. 9901 NW Hogan Portland OR 97231			48. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFYING PHYSICIAN John DeLachance, M.D.		
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: Bronchogenic carcinoma with pleural effusion			50. DATE OF DEATH (Mo. Day Year) 4-24-93		
51. IMMEDIATE CAUSE (FROM DEATH TO DEATH) Acute respiratory failure			52. DATE OF DEATH (Mo. Day Year) 4-24-93		
53. DUE TO, OR AS A CONSEQUENCE OF: Acute aspiration pneumonia			54. DATE OF DEATH (Mo. Day Year) 4-24-93		
55. DUE TO, OR AS A CONSEQUENCE OF: 			56. DATE OF DEATH (Mo. Day Year) 4-24-93		
57. DUE TO, OR AS A CONSEQUENCE OF: 			58. DATE OF DEATH (Mo. Day Year) 4-24-93		
59. ANOTHER CONDITION—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Bronchogenic carcinoma with pleural effusion			60. DATE OF DEATH (Mo. Day Year) 4-24-93		
61. ADD. SUICIDE, HOMICIDE, CRIMES ON MEDICAL HISTORY 	62. INJURY DATE (Mo. Day Year) 	63. HOUR OF INJURY 0415HRS	64. DEPICTING HOW INJURY OCCURRED 	65. MEDICAL EXAMINER OR CORONER (Mo. Day Year) DR. KAREN STEINGART APR 26 1993	66. MEDICAL EXAMINER OR CORONER (Mo. Day Year) DR. KAREN STEINGART APR 26 1993
67. INJURY AT WORK? 	68. PLACE OF INJURY—AT HOME, FARM, STREET, WORK, ETC. 	69. INJURY AT WORK? 	70. PLACE OF INJURY—AT HOME, FARM, STREET, WORK, ETC. 	71. DATE RECEIVED (Mo. Day Year) APR 26 1993	72. DATE RECEIVED (Mo. Day Year) APR 26 1993
73. RECORD AMENDMENT REQUESTS AND COMMENTS ITEM REMARKS DATE <i>Steingart, M.D.</i>					
74. FOR INSTRUCTIONS SEE BACK AND HANDBOOK					

CERTIFIED

APR 26 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

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