

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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LOCAL FILE NUMBER

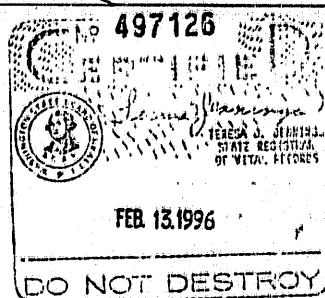
CERTIFICATE OF DEATH

1. NAME First: BARBARA Middle: ANN Last: OSBORNE				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) July 18, 1993	
4. AGE LAST BIRTHDAY (Yrs) 74		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Oct. 10, 1918		8. BIRTHPLACE (City, State or Foreign Country) Washougal, WA	
11. CITY, TOWN OR LOCATION OF DEATH Washougal				12. PLACE OF DEATH—(a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. IN/OUT PTN 4. HOSP. 5. NURS. HOME 6. OTHER PLACE M. P. O.01 Miller Road		13. SMOKING IN LAST 15 YEARS? (Yes / No) No	
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO. 537-18-1230		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (D-12) 12 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE P.T., E.D.) Bag Machine Operator		19. KIND OF BUSINESS OR INDUSTRY Paper Mill		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White	
22. RESIDENCE—NUMBER AND STREET M.P. O.01 Miller Rd.		23. CITY/TOWN OR LOCATION Washougal		24. INSIDE CITY LIMITS? (Yes / No) No		25. COUNTY Skamania	
26. LENGTH OF RES. IN CO. 74 Yrs.		27. STATE Wash.		28. ZIP CODE 98671			
29. FATHER'S NAME—FIRST, MIDDLE, LAST Emory F. Stevenson				30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SUFF. NAME Ida M. Wantland			
31. INFORMANT—NAME Jerry Osborne - Son		32. MAILING ADDRESS P. O. Box 501, Washougal, Washington 98671					
33. BURIAL/CREMATION (Specify) Burial		34. DATE (Mo, Day, Yr) July 21, 1993		35. CEMETERY/CREMATORY—NAME Washougal Memorial Cemetery		36. LOCATION—CITY/TOWN, STATE Washougal, Washington	
37. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		38. NAME OF FACILITY Straub's Funeral Home		39. ADDRESS OF FACILITY 325 N. E. 3rd Ave. Camas, WA 98607			
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 <i>[Signature]</i> 7/18/93				40. 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 <i>[Signature]</i> FEB 20 10 05 AM '96 GARY M. OLSON AUDITOR			
41. HOUR OF DEATH (24 Hrs.) 1751		42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stanton L. Friedberg, M.D., 700 N. E. 87th, Vancouver, WA 98664		43. HOUR OF DEATH (24 Hrs.) 1751		44. HOUR PRONOUNCED DEAD (24 Hrs.)	
45. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stanton L. Friedberg, M.D., 700 N. E. 87th, Vancouver, WA 98664		46. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Stanton L. Friedberg, M.D., 700 N. E. 87th, Vancouver, WA 98664		47. HOUR PRONOUNCED DEAD (24 Hrs.)		48. RECORDER FILE NUMBER	
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Coronary Heart Failure</i> DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. <i>Myocardial Infarction, hyperkalemia, insulin dependent diabetes.</i>							
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Renal Failure, hyperkalemia, insulin dependent diabetes.</i>		52. AUTOPSY (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No		54. DATE RECEIVED (Mo, Day, Yr) JUL 22 1993	
55. INJURY AT WORK? (Yes / No)		56. PLACE OF INJURY—AT HOME, FARM, STREET, PLACE, ETC. (Specify) BLDG, ETC. (Specify)		57. CITY/TOWN, STATE Washougal, WA		58. DATE RECEIVED (Mo, Day, Yr) JUL 22 1993	
59. RECORD AMENDMENT (Regular Use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		60. SIGNATURE <i>[Signature]</i>		61. DATE RECEIVED (Mo, Day, Yr) JUL 22 1993		62. DATE RECEIVED (Mo, Day, Yr) JUL 22 1993	

For Distribution See Back and Manual
Also: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
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