STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

19 124619 — LOCAL FILE NUMBER

Washington State Department of Health

BOOK 155 PAGE 588
146 3 27995 — STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo, Day, Yr)
BARBARA	ANN	OSBORNE	Female	July 18, 1993

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo, Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
74			Oct. 10, 1918	Washougal, WA	No	Skamania

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH—(If NOT BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 1 ☒ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG. RM/OUT PTN 4 ☐ HOSP. 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Washougal	M. P. 0.01 Miller Road	No

14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Widowed		537-18-1230	12	

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Bag Machine Operator	Paper Mill	No	White

22. RESIDENCE—NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
M.P. 0.01 Miller Rd.	Washougal	No	Skamania	74 Yrs.	Wash.	98671

28. FATHER'S NAME—FIRST, MIDDLE, LAST	29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Emory F. Stevenson	Ida M. Wantland

30. INFORMANT—NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Jerry Osborne - Son	P. O. Box 501, Washougal, Washington 98671			

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33. DATE (Mo, Day, Yr)	34. CEMETERY/CREMATORY—NAME	35. LOCATION—CITY/TOWN, STATE
Burial	July 21, 1993	Washougal Memorial Cemetery	Washougal, Washington

36. FUNERAL DIRECTOR (SIGNATURE)	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Straub's Funeral Home	325 N. E. 3rd Ave. Camas, WA 98607

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]

40. DATE SIGNED (Mo., Day, Yr.) 7/19/93

41. HOUR OF DEATH (24 Hrs.) 1751

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 WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE
X

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

45. HOUR OF DEATH (24 Hrs)

46. PRONOUNCED DEAD (Mo., Day, Yr)

47. HOUR PRONOUNCED DEAD (24 Hrs.)

48. 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

49. ME/CORONER FILE NUMBER

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.

		INTERVAL BETWEEN ONSET AND DEATH
A.	Congestive Heart Failure	4 hours
	DUE TO, OR AS A CONSEQUENCE OF:	
B.	Aortic Stenosis	12 years
	DUE TO, OR AS A CONSEQUENCE OF:	
C.		
	DUE TO, OR AS A CONSEQUENCE OF:	
D.		

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TREASURER
FEB 20 10 05 AM '96
O'Leary
AUDITOR
GARY M. OLSON

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
Renal failure, hypertension, insulin dependent diabetes.

52. AUTOPSY (Yes / No) No

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

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)

Indexed
Indirect
Filmed
Mailed

61. RECORD AMENDMENT (Registrar Use only)
ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. REGISTRAR SIGNATURE
X [signature]

63. DATE RECEIVED (Mo., Day, Yr.) JUL 2 2 1993

DOH 01-003 (8/95)

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE STATE REGISTRAR OF VITAL STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document.
Complete in ink and do not alter.

No 497126
TERESA J. [illegible]
STATE REGISTRAR
OF VITAL RECORDS
FEB. 13.1996
DO NOT DESTROY

OFFICIAL DOCUMENT OF
THE STATE OF WASHINGTON

DD083352