STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 226 PAGE 880

D-2 #6
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

146-83 03619
STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST: JUNE ELLEN HOWARD
2. SEX: F
3. DEATH DATE (MO DAY YR): Feb. 1, 1983
4. RACE (WHITE, BLACK, AM. IND., ETC. SPECIFY): White
5. AGE - LAST BIRTHDAY (YRS): 64
6. UNDER 1 YEAR: MOS. DAYS
7. UNDER 1 DAY: HOURS MINS.
8. BIRTHDATE (MO DAY YR): Feb. 8, 1918
9. COUNTY OF DEATH: Whitman
10. CITY, TOWN OR LOCATION OF DEATH: Pullman
11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 0. ☒ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG RM/OUT PTN 4. ☐ HOSP. 5. ☐ NUR HOME 1. ☐ OTHER PLACE — S. W. 135 Elm Street
12. RECEIVED EMERGENCY CARE (AMBULANCE, FIREFTR, PARAMED?) YES/NO: No
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington
14. CITIZEN OF WHAT COUNTRY: U S A
15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16. SPOUSE (IF WIFE GIVE MAIDEN NAME): Herbert D. Howard
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
18. SOCIAL SECURITY NO.: 533-18-7298
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Homemaker
20. KIND OF BUSINESS OR INDUSTRY: Own Home
21. RESIDENCE - NUMBER AND STREET: S. W. 135 Elm Street
22. CITY/TOWN, OR LOCATION: Pullman
23. INSIDE CITY LIMITS? (YES, NO): Yes
24. COUNTY: Whitman
25. STATE: Washington
26. FATHER - NAME FIRST, MIDDLE, LAST: Cecil Preston
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Laura Watkins
28. INFORMANT - NAME: Herbert D. Howard
29. MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): S. W. 135 Elm Street, Pullman, Washington 99163
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31. DATE (MO DAY YR): Feb. 3, 1983
32. CEMETERY/CREMATORY - NAME: Riplinger Crematory
33. LOCATION - CITY/TOWN, STATE: Spokane, Washington
34. FUNERAL DIRECTOR SIGNATURE: [signature]
35. NAME OF FACILITY: Kimball Funeral Home
36. ADDRESS OF FACILITY: Pullman, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE X [signature]
38. DATE SIGNED (MO DAY YR): 4Feb 83
39. HOUR OF DEATH (24 HRS): 1651
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE X
42. DATE SIGNED (MO DAY YR):
43. HOUR OF DEATH (24 HRS):
44. PRONOUNCED DEAD (MO DAY YR):
45. HOUR PRONOUNCED DEAD (24 HRS):

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): David E. Magaret, M.D., S. E. 1205 Johnson Ave., Pullman, Washington 99163

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

	Cause	Interval between onset and death
(A)	Cardiac Arrest	immediate
(B) Due to, or as a consequence of:	Metastatic Carcinoma of the Breast	2 years
(C) Due to, or as a consequence of:		

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.
49. AUTOPSY? (YES/NO): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
51. ACC., SUICID., HOM., UNDET., OR PENDING INVEST. (SPECIFY):
52. INJURY DATE (MO DAY YR):
53. HOUR OF INJURY (24 HRS):
54. DESCRIBE HOW INJURY OCCURRED.
55. INJURY AT WORK? (YES/NO):
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE
58. REGISTRAR SIGNATURE X [signature]
59. DATE RECEIVED (MO DAY YR): 2-8-1983

FOR STATE REGISTRAR USE ONLY — ITEM | DOCUMENTARY EVIDENCE: | REVIEWED BY: | DATE: | ITEM | DOCUMENTARY EVIDENCE: | REVIEWED BY: | DATE:

THE SEAL OF THE STATE OF WASHINGTON 1889

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

DSHS 9-150 (REV. 1-82)

DOH 01-003 (5/90)