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STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

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VITAL RECORDS

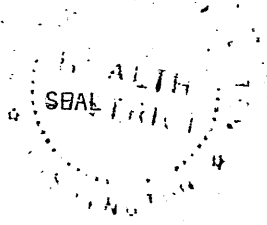
CERTIFICATE OF DEATH

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDUE ITEM 5CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST

1. NAME - FIRST, MIDDLE, LAST Patricia M. Slyter		2. SEX F	3. DEATH DATE (MO DAY YR) 05 Jan 1982	146-8	STATE FILE NUMBER
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) White	5. AGE - LAST BIRTH DAY (YRS) 62	6. UNDER 1 YEAR MOS	7. UNDER 1 DAY DAYS HOURS MINS	8. BIRTH DATE (MO DAY YR) 27 Jun 1918	9. COUNTY OF DEATH Clark
10. CITY, TOWN OR LOCATION OF DEATH Camas		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 6 OTHER PLACE Highland Terrace Nursing Home		12. RECEIVED EMERGENCY CARE AMBULANCE, FIRE FTR, PARAMED No YES/NC	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) California	14. CITIZEN OF WHAT COUNTRY USA	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Louis I. Slyter	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NC) No	
18. SOCIAL SECURITY NO [REDACTED]		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 Rt. 1 Box 10		22. CITY/TOWN OR LOCATION - 23. INSIDE CITY LIMITS? (YES/NO) Stevenson No		24. COUNTY Shamania	25. STATE Washington
26. FATHER - NAME FIRST, MIDDLE, LAST Raymond G. Little		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST DAVIS Ivy D. Little			
28. INFORMANT - NAME Gale Douglas, Son		29. MAILING ADDRESS Rt. 1 Box 10 Stevenson, Washington 98648			
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial		31. DATE (MO DAY YR) 11 Jan 1982	32. CEMETERY, CREMATORY - NAME Stevenson Cemetery		33. LOCATION - CITY/TOWN, STATE Stevenson, Washington
34. FUNERAL DIRECTOR SIGNATURE X R. P. Dierckx		35. NAME OF FACILITY GARDNER FUNERAL HOME, INC. White Salmon, WA			
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] DATE SIGNED (MO DAY YR) January 13, 1982			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 [Signature] DATE SIGNED (MO DAY YR) 1120		
40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Brookings 327 N.E. 5th Camas, Washington 98607			44. P. P. ONCE DEAD (MO DAY YR) No		
47. IMMEDIATE CAUSE (A) Pneumonia hypostatic DUE TO, OR AS A CONSEQUENCE OF (B) Carcinoma lung, small cell DUE TO, OR AS A CONSEQUENCE OF (C) Carcinomatosis lung			INTERVAL BETWEEN ONSET AND DEATH 24 hours months 7 months		
48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE			49. AUTOPSY? (YES/NO) No		
51. ACC. SUICIDE, HOM. UNDET. OR S. INJURY DATE (MO DAY YR) PENDING INVEST (SPECIFY)			50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No		
55. INJURY AT WORK? (YES/NO) 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) JAN 18 1982			60. DATE RECEIVED (MO DAY YR) JAN 18 1982		
FOR STATE REGISTRAR USE ONLY			FOR STATE REGISTRAR USE ONLY		

DSHS 9-150 (REV 1-82)

THIS IS TO CERTIFY that the foregoing is a true copy (Photographic) of a record on file with the Southwest Washington Health District, Vancouver, WA.



JAN 5 1983

ROBERT D. THORNTON, M.D.
District Health Officer

By Juanita Gaul

