STATE OF WASHINGTON
DEPARTMENT OF HEALTH

115094

BOOK 132 PAGE 330

1265

LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

146-8
STATE FILE NUMBER

DECEDENT

1. NAME—FIRST, MIDDLE, LAST: ARDYS LYNN HARRIS
2. SEX: F
3. DEATH DATE (Mo. Day, Yr.): Dec. 11, 1988
4. AGE—LAST BIRTHDAY (Yrs): 46
7. BIRTHDATE (Mo. Day, Yr.): Jan. 19, 1942
8. COUNTY OF DEATH: Clark
9. CITY, TOWN OR LOCATION OF DEATH: Vancouver
10. PLACE OF DEATH / FACILITY NAME: St. Joseph Community Hospital
11. BIRTH STATE (If not in USA give country): California
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
13. SPOUSE (If wife give Maiden Surname): Gordon L. Harris
14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
15. SOCIAL SECURITY NO: [redacted]
16. HIGH SCHOOL GRADUATE (Yes/No): --
17. USUAL OCCUPATION: Homemaker
18. KIND OF BUSINESS OR INDUSTRY: At Home
19. RACE: White
20. WAS DECEDENT OF HISPANIC ORIGIN?: 2. [X] No
21. SMOKING IN LAST 15 YEARS (Yes/No): --
22. RESIDENCE—NUMBER AND STREET: P. O. Box 195
23. CITY/TOWN, OR LOCATION: N. Bonneville
24. INSIDE CITY LIMITS? (Yes/No): Yes
25. COUNTY: Skamania
26. STATE: WA
27. ZIP CODE: 98639

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: Joe Lamphrey
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Maudine (U)

30. INFORMANT—NAME: Gordon L. Harris - Husband
31. MAILING ADDRESS: P. O. Box 195, North Bonneville, Washington 98639

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo. Day, Yr.): Dec. 15, 1988
34. CEMETERY/CREMATORY—NAME: Park Hill Crematory
35. LOCATION—CITY/TOWN, STATE: Vancouver, Washington
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Straub's Funeral Home
38. ADDRESS OF FACILITY: Camas, Washington

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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 W R Saunders MD
40. DATE SIGNED (Mo. Day, Yr.): Dec 14 1988
41. HOUR OF DEATH (24 Hrs.): 12:08 A.M.
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 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): William R Saunders MD 411 NE 6th AV Camas WA 98607

CAUSE OF DEATH

49. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.

IMMEDIATE CAUSE	Cause	INTERVAL BETWEEN ONSET AND DEATH
(a)	Pneumonia, acute lobar	12 hours
DUE TO, OR AS A CONSEQUENCE OF (b)	Adenocarcinoma, breast, metastatic	
DUE TO, OR AS A CONSEQUENCE OF (c)		

50. OTHER SIGNIFICANT CONDITIONS: alcoholic liver disease
51. AUTOPSY? (Yes/No): Yes
52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No):
53. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify): NATURAL
54. INJURY DATE (Mo. Day, Yr.):
55. HOUR OF INJURY (24 Hrs.):
56. DESCRIBE HOW INJURY OCCURRED:
57. INJURY AT WORK? (Yes/No):
58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (Specify):
59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE:

60. REGISTRAR SIGNATURE: X [signature]
61. DATE RECEIVED (Mo. Day, Yr.): DEC 19 1988
62. FOR STATE REGISTRAR USE ONLY — DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

REAL ESTATE EXCISE TAX
DEC 04 1992 015419
PAID exempt

DOH 01-003 (5-92)

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LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

146-8
STATE FILE NUMBER

DECEDENT

Field	Entry
1. Name—First, Middle, Last	ARDYS LYNN HARRIS
2. Sex	F
3. Death Date (Mo, Day, Yr)	Dec. 11, 1988
4. Age—Last Birthday (Yrs)	46
7. Birthdate (Mo, Day, Yr)	Jan. 19, 1942
8. County of Death	Clark
9. City, Town or Location of Death	Vancouver
10. Place of Death	St. Joseph Community Hospital
11. Birth State	California
12. Married, Never Married, Widowed, Divorced	Married
13. Spouse	Gordon L. Harris
14. Was Decedent Ever in U.S. Armed Forces?	No
15. Social Security No.	[redacted]
16. High School Graduate	--
17. Usual Occupation	Homemaker
18. Kind of Business or Industry	At Home
19. Race	White
20. Was Decedent of Hispanic Origin?	1. ☐ Yes 2. ☒ No
21. Smoking in Last 15 Years	--
22. Residence—Number and Street	P. O. Box 195
23. City/Town or Location	N. Bonneville
24. Inside City Limits?	Yes
25. County	Skamania
26. State	WA
27. Zip Code	98639

PARENTS

Field	Entry
28. Father's Name—First, Middle, Last	Joe Lamphrey
29. Mother's Name—First, Middle, Maiden Surname	Maudine (U)
30. Informant—Name	Gordon L. Harris - Husband
31. Mailing Address	P. O. Box 195, North Bonneville, Washington 98639

DISPOSITION

Field	Entry
32. Burial, Cremation, Removal, Other	Cremation
33. Date	Dec. 15, 1988
34. Cemetery/Crematory—Name	Park Hill Crematory
35. Location—City/Town, State	Vancouver, Washington
36. Funeral Director Signature	X Lyle E. Burnett
37. Name of Facility	Straub's Funeral Home
38. Address of Facility	Camas, Washington

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. 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 W R Saunders MD

40. Date Signed: Dec 14 1988

41. Hour of Death (24 Hrs): 12:08 A.M.

42. Name and Title of Attending Physician if Other than Certifier:

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 due to the cause(s) stated

Signature and Title: X

44. Date Signed:

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: William R Saunders MD 411 NE 6th AV Camas WA 98607

CAUSE OF DEATH

49. Part I. Enter the diseases, injuries, or complications which caused the death.

	Cause	Interval Between Onset and Death
Immediate Cause (a)	Pneumonia, acute lobar	12 hours
Due to or as a consequence of (b)	Adenocarcinoma, breast, metastatic	
Due to or as a consequence of (c)		

50. Other Significant Conditions: alcoholic liver disease

51. Autopsy? Yes

52. Was Case Referred to Medical Examiner or Coroner?

53. Acc., Suicide, Homicide, Undet., or Pending Invest.: NATURAL

54. Injury Date:

55. Hour of Injury:

56. Describe How Injury Occurred:

57. Injury at Work?

58. Place of Injury:

59. Location:

60. Registrar Signature: X Karen Steingart

61. Date Received: DEC 19 1988

FOR STATE REGISTRAR USE ONLY

REAL ESTATE EXCISE TAX

DEC 04 1992 015419

PAID exempt

DOH 01-503 (5/92)

CERTIFIED

NOV 10 1992

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

AA044409

FILED FOR RECORD
SKAMANIA CO. WASH
BY Gordon Harris

Dec 4 2 55 PM '92

P. Lowry
AUDITOR
GARY H. OLSON