

STATE OF WASHINGTON DEPARTMENT OF HEALTH

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VITAL RECORDS

BOOK 133 PAGE 571

25

LOCAL FILE NUMBER

115622

CERTIFICATE OF DEATH

1 NAME—FIRST, MIDDLE, LAST Sylvester G. OSTROSKI		2 SEX male	3 DEATH DATE (Mo., Day, Yr.) 11/19/1991	146	STATE FILE NUMBER
4 AGE LAST BIRTHDAY 77	5 UNDER 1 YEAR YES	6 UNDER 1 DAY NO	7 BIRTHDATE (Mo., Day, Yr.) 5/28/1914	8 BIRTH STATE (If not in U.S. give country) Wisconsin	9 COUNTRY OF BIRTH U.S.A.
10 COUNTY OF DEATH Skamania		11 CITY, TOWN OR LOCATION OF DEATH Cook			
12 PLACE OF DEATH—(a) HOME (b) IN TRANSPORT (c) PUBLIC PLACE (d) OTHER PLACE 3.53L Cook-Underwood Rd.		13 SLEEPING IN LAST 24 HOURS (Y/N) No			
14 MARRITAL STATUS—Married (b) Single (c) Widowed (d) Divorced Married		15 SURVIVING SPOUSE (If wife give maiden name) Antoinette Nevinski		16 WAS DECEDENT EVER IN U.S. ARMED SERVICES (Y/N) YES	
17 SOCIAL SECURITY NO. [REDACTED]		18 HIGH SCHOOL GRADUATE? NO			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT list retirement) WOODS Worker		20 KIND OF BUSINESS OR INDUSTRY Lumber		21 Is a Decedent of Hispanic Origin or descent? (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) NO	
22 RACE (Specify Black, Asian or Pacific Islander, Am Ind, Hispanic, etc.) White		23 RESIDENCE—NUMBER AND STREET 3.53L Cook-Underwood Rd			
24 CITY/TOWN OR LOCATION Cook		25 RESIDE CITY LAST BY NO		26 COUNTY Skamania	
27 STATE Washington		28 ZIP CODE 98605			
29 FATHER'S NAME—FIRST, MIDDLE, LAST Peter ostroski		30 MOTHER'S NAME—FIRST, MIDDLE, MARRIED SURNAME Agnes Karcyinski			
31 DECEASED—NAME Antoinette Ostroski		32 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP MP 3.53L Cook-Underwood Rd., Cook, WA 98605			
33 BURIAL, CREMATION, REBURIAL, OTHER BURIAL Cremation		34 DATE (Mo., Day, Yr.) 11/21/1991		35 CEMETERY—CREMATORY—NAME Park Hill Crematory	
36 LOCATION—CITY/TOWN, STATE Vancouver, WA		37 ADDRESS OF FACILITY Box 390			
38 NAME OF FACILITY GARDNER FUNERAL HOME, INC.		39 ADDRESS OF FACILITY White Salmon, WA 98672			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN			TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED X			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 X		
42 DATE SIGNED (Mo., Day, Yr.) November 25, 1991			43 HOUR OF DEATH (Mo., Day, Yr.) 1330		
44 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Robert K. Leick, Coroner			45 HOUR PROLONGED DEAD (Mo., Day, Yr.) 1400		
46 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA			47		
48 I HAVE NOT SIGNED THE DEATH CERTIFICATE OR COMPLICATIONS WHICH CAUSE THE DEATH DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE NO					
49 IMMEDIATE CAUSE (Final disease or condition resulting in death. Specify for conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST Lung Cancer					
50 DUE TO OR AS A CONSEQUENCE OF 1 Yr.					
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE NO					
52 AUTOPSY (Y/N) NO					
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (Y/N) YES					
54 ASC, TRACHEA, NO. URETER, OR PERICARDIUM (Specify)		55 INJURY DATE (Mo., Day, Yr.)		56 HOUR OF INJURY (Mo., Day, Yr.)	
57 OBSERVE HOW INJURY OCCURRED		58 INJURY AT WORK (Y/N)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BUS, ETC. (Specify)	
60 LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		61 DATE RECEIVED (Mo., Day, Yr.) November 26, 1991			

DOH 110-005 (Rev. 8/88) (formerly DSHS 9-128)



3-9-11-3-1900

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, M.D.
Karen R. Steingart, M.D.

DOH 01-003 (7/89)

FILED IN RECORD
SKAMANIA CO. WASH
in Antoinette Ostroski

FEB 23 10 07 AM '93

P. Lowry
GARDNER

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