STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

23 LOCAL FILE NUMBER

117950 STATE FILE NUMBER

Health

BOOK 139 PAGE 496

146

CERTIFICATE OF DEATH

1 NAME First Middle Last: NORMA GREER BROCKMAN		2 SEX (M / F): FEMALE	3 DEATH DATE (Mo Day Yr): JULY 22, 1993
4 AGE LAST BIRTHDAY (Yrs): 70	5 UNDER 1 YEAR MOS DAYS	6 UNDER 1 DAY HOURS MINS	7 BIRTH DATE (Mo Day Yr): APR 23, 1923
8 BIRTHPLACE (City State Foreign Country): CARSON, WA	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO	10 COUNTY OF DEATH: SKAMANIA	
11 CITY, TOWN OR LOCATION OF DEATH: CARSON	12 PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) (1) HOME (2) IN TRANSPORT (3) ER/EMERG (4) OUTPT (5) HOSP (6) NURSING HOME (7) OTHER PLACE: BOX 323 2ND STREET		13 SMOKING IN LAST 15 YEARS? (Yes / No): YES
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced) (Specify): MARRIED	15 SURVIVING SPOUSE (If wife, give maiden name): RAY A. BROCKMAN	16 SOCIAL SECURITY NO: [redacted]	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): HOMEMAKER	19 KIND OF BUSINESS/INDUSTRY: OWN HOME	20 Was Decedent of Hispanic origin or descent? (Yes / No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.): No	21 RACE (Specify): WHITE
22 RESIDENCE NUMBER AND STREET: BOX 323 2ND ST	23 CITY, TOWN OR LOCATION: CARSON	24 INSIDE CITY LIMITS? (Yes / No): NO	25A COUNTY: SKAMANIA
25B LENGTH OF RES IN CO: 70 YRS	26 STATE: WA	27 ZIP CODE: 98610	
28 FATHER'S NAME - FIRST, MIDDLE, LAST: HAROLD D. GORDON	29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: ETHEL H. GREER		
30 INFORMANT - NAME: RICHARD B. MICHAEL	31 MAILING ADDRESS - STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 2421 CLAY ST #13 SACRAMENTO CA 95815		
32 BURIAL / CREMATION / REMOVAL: CREMATION	33 DATE (Mo Day Yr): 7/23/93	34 CEMETERY/CREMATORY - NAME: WIN-QUATT CREMATORY	35 LOCATION - CITY/TOWN, STATE: THE DALLES, OR
36 FUNERAL DIRECTOR (SIGNATURE): X [signature]	37 NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	38 ADDRESS OF FACILITY: POB 390 WHITE SALMON WA 98672	

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

40 DATE SIGNED (Mo Day Yr):

41 HOUR OF DEATH (24 Hrs):

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 [signature] County Coroner

44 DATE SIGNED (Mo Day Yr): August 9, 1993

45 HOUR OF DEATH (24 Hrs): 2030

46 PRONOUNCED DEAD (Mo Day Yr): July 22, 1993

47 HOUR PRONOUNCED DEAD (24 Hrs): 2300

48 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA

49 ME/CORONER FILE NUMBER: 93-042SK

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

A	Terminal Cancer (Intestines/Stomach/Liver)	INTERVAL BETWEEN ONSET AND DEATH: 2 mos.
DUE TO, OR AS A CONSEQUENCE OF: B	Registered FILED FOR RECORD	INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: C	Indexed, etc SKAMANIA CO. WASH Indirect BY Kielpinski & Assoc.	INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: D	Filmed Mailed NOV 15 4 08 PM '93	INTERVAL BETWEEN ONSET AND DEATH

51 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 AUTOPSY? (Yes / No): No

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

54 ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST (Specify)

55 INJURY DATE (Mo Day Yr)

56 HOUR OF INJ (24 Hrs)

57 STATE / TOWN / LOCATION OF INJURY: STATE AUDITOR GARY H. OLSON

58 INJURY AT WORK? (Yes / No)

59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify) / DESCRIBE (STREET OR RFD NO, CITY/TOWN, STATE)

61 RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE

62 REGISTRAR'S SIGNATURE: X [signature]

63 DATE RECEIVED (Mo Day Yr): Aug 9, 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 113-008 (Rev 7/91) (5-92)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

117950 — Health — BOOK 139 PAGE 496

23 LOCAL FILE NUMBER — 146

CERTIFICATE OF DEATH

STATE FILE NUMBER

Field	Entry
1. Name (First, Middle, Last)	NORMA GREER BROCKMAN
2. Sex (M/F)	FEMALE
3. Death Date (Mo Day Yr)	JULY 22, 1993
4. Age Last Birthday (Years)	70
5. Under 1 Year (Mos, Days)	
6. Under 1 Day (Hours, Mins)	
7. Birthdate (Mo Day Yr)	APR 23, 1923
8. Birthplace (City, State or Foreign Country)	CARSON, WA
9. Was Decedent Ever in U.S. Armed Forces? (Yes/No)	NO
10. County of Death	SKAMANIA
11. City, Town or Location of Death	CARSON
12. Place of Death (Check box for place then give address or institution name): 1 Home, 2 In Transport, 3 Emerg Rm/Outpt, 4 Hosp, 5 Nur Home, 6 Other Place	X Home — BOX 323 2ND STREET
13. Smoking in Last 15 Years? (Yes/No)	YES
14. Marital Status (Married, Never Married, Widowed, Divorced (Specify))	MARRIED
15. Surviving Spouse (If wife, give maiden name)	RAY A. BROCKMAN
16. Social Security No.	[redacted]
17. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12
18. Usual Occupation (Give kind of work done during most of working life. DO NOT USE RETIRED)	HOMEMAKER
19. Kind of Business or Industry	OWN HOME
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.)	No
21. Race (Specify)	WHITE
22. Residence — Number and Street	BOX 323 2ND ST
23. City/Town or Location	CARSON
24. Inside City Limits? (Yes/No)	NO
25A. County	SKAMANIA
25B. Length of Res in Co	70 YRS
26. State	WA
27. Zip Code	98610
28. Father's Name — First, Middle, Last	HAROLD D. GORDON
29. Mother's Name — First, Middle, Maiden Surname	ETHELH. GREER
30. Informant — Name	RICHARD B. MICHAEL
31. Mailing Address (Street or RFD No, City or Town, State, Zip)	2421 CLAY ST #13 SACRAMENTO CA 95815
32. Burial, Cremation, Removal, Other (Specify)	CREMATION
33. Date (Mo Day Yr)	7/23/93
34. Cemetery/Crematory — Name	WIN-QUATT CREMATORY
35. Location — City/Town, State	THE DALLES, OR
36. Funeral Director Signature	X [signature]
37. Name of Facility	GARDNER FUNERAL HOME, INC.
38. Address of Facility	POB 390 WHITE SALMON WA 98672

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
40. Date Signed (Mo Day Yr):
41. Hour of Death (24 Hrs):
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 [signature] County Coroner
44. Date Signed (Mo Day Yr): August 9, 1993
45. Hour of Death (24 Hrs): 2030
46. Pronounced Dead (Mo Day Yr): July 22, 1993
47. Hour Pronounced Dead (24 Hrs): 2300

48. Name and Address of Certifier — Physician, Medical Examiner or Coroner (Type or Print): Robert K. Leick, Coroner Skamania County Courthouse Stevenson, WA
49. ME/Coroner File Number: 93-042SK

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.

Immediate Cause (Final disease or condition resulting in death)	Interval Between Onset and Death
a. Terminal Cancer (Intestines/Stomach/Liver)	2 mos.
b. Due to, or as a consequence of	
c. Due to, or as a consequence of	
d. Due to, or as a consequence of	

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.

Registered / Indexed, dir / Indirect / Filmed / Mailed

FILED FOR RECORD SKAMANIA CO. WASH BY Kielpinski & Assoc. NOV 15 4 08 PM '93 [signature] AUDITOR GARY M. OLSON

51. Other Significant Conditions — Conditions contributing to death but not resulting in the underlying cause given above: ---------
52. Autopsy? (Yes/No): No
53. Was Case Referred to Medical Examiner or Coroner? (Yes/No): Yes
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):
61. Record Amendment (Registrar use only): Item / Document/Affidavit/Evidence / Reviewed By / Date
62. Registrar Signature: X [signature], MD
63. Date Received (Mo Day Yr): Aug 9, 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK — DOH 110-008 (Rev 7/91) (5/92)

CERTIFIED

AUG 9 - 1993

[signature]
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA390817