STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

8-D LOCAL FILE NUMBER 117987

VITAL RECORDS

CERTIFICATE OF DEATH

BOOK 139 PAGE 593

146-8 STATE FILE NUMBER

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

1. NAME: FIRST, MIDDLE, LAST: Lowell Lewis LEIGHTON	2. SEX: Male	3. DEATH DATE (MO DAY YR): 13 Apr 1984		
4. RACE (WHITE, BLACK, AM IND ETC. (SPECIFY): White	5. AGE - LAST BIRTHDAY (YRS): 84	6. IF UNDER 1 YEAR: MOS / DAYS	7. IF UNDER 1 DAY: HOURS / MINS	8. BIRTHDATE (MO DAY YR): 24 Sep 1899
9. COUNTY OF DEATH: Skamania				
10. CITY, TOWN OR LOCATION OF DEATH: Willard	11. PLACE OF DEATH: (Check only one) ☒ HOME ☐ IN TRANSPORT ☐ EMERG RM/OUT PTN ☐ HOSP ☐ NURS HOME ☐ OTHER PLACE — Star Route			12. RECEIVED EMERGENCY CARE IN AMBULANCE, HOSPITAL, NURSING HOME? Yes (YES/NO)
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Iowa	14. CITIZEN OF WHAT COUNTRY: U.S.A.	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married	16. SPOUSE (IF WIFE GIVE MAIDEN NAME): DUTTON Ruth O. Leighton	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
18. SOCIAL SECURITY NO: [redacted]	19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Wood Hauler		20. KIND OF BUSINESS OR INDUSTRY: Firewood	
21. RESIDENCE: NUMBER AND STREET: Star Route	22. CITY/TOWN, OR LOCATION: Willard	23. INSIDE CITY LIMITS? (YES/NO): No	24. COUNTY: Skamania	25. STATE: Washington
26. FATHER: NAME FIRST, MIDDLE, LAST: Alba Jacob Leighton			27. MOTHER: MAIDEN NAME FIRST, MIDDLE, LAST: OSBORN Estella - Leighton	
28. INFORMANT: NAME: Ruth Leighton	29. MAILING ADDRESS: STREET OR RFD NO: Star Route	CITY OR TOWN: Willard, Washington	STATE	ZIP: 98605
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Burial	31. DATE (MO DAY YR): 16 Apr 1984	32. CEMETERY/CREMATORY NAME: Klickitat Co. Dist. #1	33. LOCATION: CITY/TOWN, STATE: White Salmon, Wa.	
34. FUNERAL DIRECTOR SIGNATURE: X R. L. Reicks	35. NAME OF FACILITY: GARDNER FUNERAL HOME, INC.	36. ADDRESS OF FACILITY: White Salmon, WA		

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

38. DATE SIGNED (MO DAY YR):

39. HOUR OF DEATH (24 HR):

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 Robert K. Leick Coroner

42. DATE SIGNED (MO DAY YR): April 18, 1984

43. HOUR OF DEATH (24 HR): 0655

44. PRONOUNCED DEAD (MO DAY YR): April 13, 1984

45. HOUR PRONOUNCED DEAD (24 HR): 0725

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): ROBERT K. LEICK, County Coroner, Cthse Bldg., Stevenson, WA 98648

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

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

(A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

(B) DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:

(C) — INTERVAL BETWEEN ONSET AND DEATH:

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): Yes

51. ACC, SUICIDE, HOM, UNDET, OR PENDING INVEST. (SPECIFY)	52. INJURY DATE (MO DAY YR)	53. HOUR OF INJURY (24 HRS)	54. DESCRIBE HOW INJURY OCCURRED
Nat. Causes	Apr 13,1984	0655	Coronary Occlusion

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
No	Residence	Star Rt., Willard, WA

58. REGISTRAR SIGNATURE: X R.W. Bills M.D. — 58. DATE RECEIVED (MO DAY YR): Apr 19,1984

FOR STATE REGISTRAR USE ONLY

60. ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

DSHS 9-159 (REV. 1-82)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Verda Bagabus
Nov 18 9 39 AM '93
AUDITOR
GARY H. OLSON

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

SOUTHWEST WASHINGTON [redacted] DISTRICT

R.W. Bills, M.D.
District Health Officer

By Judith Evesti
Deputy Registrar

Registered
Indexed, Dir
Indirect
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Mailed