STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 143 PAGE 413

TYPE OR PRINT IN PERMANENT BLACK INK

8 119543 — LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146 — STATE FILE NUMBER

Item	Entry
1 NAME (First, Middle, Last)	Fayann - WEST
2 SEX (M/F)	Female
3 DEATH DATE (Mo, Day, Yr)	February 7 1994
4 AGE LAST BIRTHDAY (Yrs)	44
5 UNDER 1 YEAR (Mos, Days)	
6 UNDER 1 DAY (Hours, Mins)	
7 BIRTHDATE (Mo, Day, Yr)	March 1, 1949
8 BIRTHPLACE (City, State or Foreign Country)	Tacoma 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	Underwood
12 PLACE OF DEATH (X box for place then give address or institution name) 1 Home 2 DI in transport 3 ER 4 Hosp 5 Nursing home 6 Other place	X Home — 1.97 Lacock Kelchner Rd
13 SMOKING IN LAST 15 YEARS? (Yes/No)	No
14 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	Married
15 SURVIVING SPOUSE (If wife, give maiden name)	Gary Lee West
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)	Bartender
19 KIND OF BUSINESS OR INDUSTRY	Bar
20 Was Decedent of Hispanic origin or descent? (Yes/No) Specify	No
21 RACE (Specify)	White
22 RESIDENCE — NUMBER AND STREET	1.97 Lacock Kelchner Rd
23 CITY/TOWN OR LOCATION	Underwood
24 INSIDE CITY LIMITS? (Yes/No)	No
25A COUNTY	Skamania
25B LENGTH OF RES IN CO	10 yrs
26 STATE	Washington
27 ZIP CODE	98651
28 FATHER'S NAME — FIRST, MIDDLE, LAST	William C Bell
29 MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME	Betty J Lee
30 INFORMANT — NAME	Gary West
31 MAILING ADDRESS (Street or RFD No, City or Town, State, Zip)	1.97 Lacock Kelchner Rd Underwood WA 98651
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	Cremation
33 DATE (Mo, Day, Yr)	Feb 8 1994
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], Coroner
44 DATE SIGNED (Mo, Day, Yr): February 10, 1994
45 HOUR OF DEATH (24 Hrs): 1800
46 PRONOUNCED DEAD (Mo, Day, Yr): February 7, 1994
47 HOUR PRONOUNCED DEAD (24 Hrs): 1930

48 NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648
49 ME/CORONER FILE NUMBER: 94-005SK

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

Cause		Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A BRAIN CANCER	1 Yr.
DUE TO, OR AS A CONSEQUENCE OF	B	
DUE TO, OR AS A CONSEQUENCE OF	C	
DUE TO, OR AS A CONSEQUENCE OF	D	

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

51 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 50
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?
59 PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)
60 LOCATION (Street and RFD No, City or Town, State)
61 REGISTRAR SIGNATURE: X [signature], MD
62 DATE RECEIVED BY LOCAL REGISTRAR (Mo, Day, Yr): Feb. 10, 1994

16617
REAL ESTATE EXCISE TAX
MAY 27 1994
PAID Exempt

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
MAY 27 1 20 PM '94
[signature]
AUDITOR
GARY M. OLSON

Registered
Indexed, Dir
Indirect
Filmed
Mailed

3-10-9-200

DOH FORM 4-803 (5/92)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL ON THEM.

CERTIFIED

FEB 10 1994

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

AA374665

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

8 119543
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

BOOK 143 PAGE 43

146
STATE FILE NUMBER

1. NAME (First, Middle, Last): Fayann - WEST
2. SEX (M / F): Female
3. DEATH DATE (Mo, Day, Yr): February 7 1994
4. AGE LAST BIRTHDAY (Yrs): 44
5. UNDER 1 YEAR (Mos, Days):
6. UNDER 1 DAY (Hours, Mins):
7. BIRTHDATE (Mo, Day, Yr): March 1, 1949
8. BIRTHPLACE (City, State or Foreign Country): Tacoma 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: Underwood
12. PLACE OF DEATH (Check only one box for place then give address or institution name): X Home; 1.97 Lacock Kelchner Rd
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Married
15. SURVIVING SPOUSE (If wife, give maiden name): Gary Lee West
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): Bartender
19. KIND OF BUSINESS OR INDUSTRY: Bar
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No
21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 1.97 Lacock Kelchner Rd
23. CITY/TOWN, OR LOCATION: Underwood
24. INSIDE CITY LIMITS? (Yes / No): No
25A. COUNTY: Skamania
25B. LENGTH OF RES IN CO: 10 yrs
26. STATE: Washington
27. ZIP CODE: 98651
28. FATHER'S NAME—FIRST, MIDDLE, LAST: William C Bell
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Betty J Lee
30. INFORMANT—NAME: Gary West
31. MAILING ADDRESS (Street or RFD No., City or Town, State, Zip): 1.97 Lacock Kelchner Rd Underwood WA 98651
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo, Day, Yr): Feb 8 1994
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 | TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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):

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: [signature] Coroner
44. DATE SIGNED (Mo, Day, Yr): February 10, 1994
45. HOUR OF DEATH (24 Hrs): 1800
46. PRONOUNCED DEAD (Mo, Day, Yr): February 7, 1994
47. HOUR PRONOUNCED DEAD (24 Hrs): 1930

48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick Coroner Skamania Co. Courthouse Stevenson, WA 98648
49. ME/CORONER FILE NUMBER: 94-005SK

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.
IMMEDIATE CAUSE (Final disease or condition resulting in death): A. BRAIN CANCER — INTERVAL BETWEEN ONSET AND DEATH: 1 Yr.
B. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
C. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
D. DUE TO, OR AS A CONSEQUENCE OF: — INTERVAL BETWEEN ONSET AND DEATH:
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST. UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

FILED FOR RECORD
SKAMANIA CO. WASH
BY SKAMANIA CO. TITLE
MAY 27 1 20 PM '94
[signature]
AUDITOR
GARY M. OLSON

RECEIVED

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN
52. AUTOPSY? (Yes / No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): Yes
54. ACC, SUICIDE, HOMI, 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? / PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.
59. LOCATION (STREET OR RFD NO., CITY/TOWN, STATE):

Registered
Indexed, Dir
Indirect
Filmed
Mailed

3-10-9-200 [initials]

61. RECORD AMENDMENT (For state use only) / ITEM / REVIEWED BY / DATE
MAY 2 1994
PAID [signature]
62. REGISTRAR: X [signature], MD
63. DATE RECEIVED (Mo, Day, Yr): Feb. 10, 1994

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

THE SEAL OF THE STATE OF WASHINGTON 1889

CERTIFIED

FEB 10 1994

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

AA374665