STATE OF WASHINGTON
DEPARTMENT OF HEALTH

VITAL RECORDS

LOCAL FILE NUMBER **119770** **CERTIFICATE OF DEATH**

BOOK 143 PAGE 969

1 NAME – FIRST, MIDDLE, LAST	2 SEX	3 DEATH DATE (Mo. Day. Yr.)	STATE FILE NUMBER
THELMA AMELIA MASON	Female	Oct. 15, 1990	146

4 AGE LAST BIRTHDAY (Yrs)	5 UNDER 1 YEAR MOS. DAYS	6 UNDER 1 DAY HOURS MINS.	7 BIRTHDATE (Mo. Day. Yr.)	8 BIRTH STATE (If not in USA give country)	9 CITIZEN OF WHAT COUNTRY	10 COUNTY OF DEATH
68			July 23, 1922	Iowa	U.S.A.	Skamania

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH – BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME (1 Home 2 En Transport 3 Emerg Room/Out Pt 4 D.O.A. 5 Nursing Home 6 Other Place)	13 SMOKING IN LAST 10 YEARS? (Yes or No)
Washougal	M.P. 28.55R State Road 14	No

14 MARITAL STATUS – Married, Never Married, Widowed, Divorced	15 SURVIVING SPOUSE (If wife, give maiden name)	16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	17 SOCIAL SECURITY NO.	18 HIGH SCHOOL GRADUATE? (Yes or No)
Married	Glen F. Mason	No	[redacted]	Yes

19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20 KIND OF BUSINESS OR INDUSTRY	21 Was Decedent of Hispanic Origin or Descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No	22 RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. Specify)
Homemaker	At Home		White

23 RESIDENCE – NUMBER AND STREET	24 CITY/TOWN OR LOCATION	25 INSIDE CITY LIMITS? (Yes or No)	26 COUNTY	27 STATE	28 ZIP CODE
M.P. 28.55R State Rd. 14	Washougal	No	Skamania	Washington	98671

29 FATHER'S NAME – FIRST, MIDDLE, LAST	30 MOTHER'S NAME – FIRST, MIDDLE, MAIDEN SURNAME
Harry Benjamin Rurup	Helene Raetz

31 INFORMANT – NAME	32 MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP)
Carol Terpening - Daughter	29323 - 55th Ave. S., Auburn, Washington 98001

33 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34 DATE (Mo. Day. Yr.)	35 CEMETERY/CREMATORY – NAME	36 LOCATION – CITY, TOWN, STATE
Burial	Oct. 18, 1990	Washougal Memorial Cemetery	Washougal, Washington

37 FUNERAL DIRECTOR SIGNATURE	38 NAME OF FACILITY	39 ADDRESS OF FACILITY
X Lyle R. Burnett	Straub's Funeral Home	Camas, Washington

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40 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

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 BY SKAMANIA CO. TITLE

42 DATE SIGNED (Mo. Day. Yr.)	43 HOUR OF DEATH (24 Hrs)	44 DATE SIGNED (Mo. Day. Yr.)	45 HOUR OF DEATH (24 Hrs)
10/18	1559	Jun 21	2 26 PM '94

46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

47 PRONOUNCED DEAD (Mo. Day. Yr.) — 48 HOUR PRONOUNCED DEAD (24 Hrs)

49 NAME AND ADDRESS OF CERTIFIER – PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

J. Bruce Bell, M.D. - 505 N. E. 87th Ave., Vancouver, Washington 98664

50 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.

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST	(a) Adenocarcinoma c CNS mets, SIS	
	DUE TO, OR AS A CONSEQUENCE OF: (b) Lung	
	DUE TO, OR AS A CONSEQUENCE OF: (c) Primary unknown	

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

52 AUTOPSY? (Yes or No): No

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

54 ACC., SUICIDE, HOMICIDE, 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 or No)	59 PLACE OF INJURY – AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60 LOCATION – STREET OR RFD NO., CITY/TOWN, STATE

61 CERTIFIER SIGNATURE X Karen Steingart, md

62 DATE RECEIVED (Mo. Day. Yr.) Oct 23,1990

DOH 110-008 (Rev. 8/89) (formerly DSHS 2420)

Registered
Indexed, Dir
Indirect
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REAL ESTATE EXCISE TAX

JUN 21 1994

PAID

SKAMANIA COUNTY TREASURER

SOUTHWEST WASHINGTON HEALTH DISTRICT

Karen Steingart, md

Karen R. Steingart, M.D.
District Health Officer

DOH 61-003 (7/88)

Glenda J. Kimmel, Skamania County Assessor
By: [illegible] Parcel # [illegible]