STATE OF WASHINGTON
DEPARTMENT OF HEALTH

121503

BOOK 147 PAGE 977

25 — LOCAL FILE NUMBER

146 — STATE FILE NUMBER

CERTIFICATE OF DEATH

1 NAME: First: Hazel; Middle: Burnette; Last: SHIPPY			2 SEX (M / F): Female	3 DEATH DATE (Mo, Day, Yr): June 1 1994	
4 AGE LAST BIRTHDAY: 88	5 UNDER 1 YEAR	6 UNDER 1 DAY	7 BIRTHDATE (Mo, Day, Yr): Feb 18 1905	8 BIRTHPLACE: Klickitat County, Blockhouse, 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: Stevenson	12 PLACE OF DEATH (X ONE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME): 1 [X] HOME 2 [ ] IN TRANSPORT 3 [ ] EMRG. ROOM/ER 4 [ ] HOSP. 5 [ ] NURSING HOME 6 [ ] OTHER PLACE: 450 SW Rock Creek Drive				13 SMOKING IN LAST 15 YEARS? (Yes / No): No
14 MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed	15 SURVIVING SPOUSE (If wife, give maiden name): None		16 SOCIAL SECURITY NO: [redacted]	17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8	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 OR INDUSTRY: Own Home		20 Was Decedent of Hispanic origin or descent? (Answer) (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: 450 SW Rock Creek Drive	23 CITY/TOWN OR LOCATION: Stevenson	24 INSIDE CITY LIMITS? (Yes / No): Yes	25A COUNTY: Skamania	25B LENGTH OF RES. IN CO: 70 Yrs	26 STATE: Washington	27 ZIP CODE: 98648
28 FATHER'S NAME - FIRST, MIDDLE, LAST: Frederick C. Warren			29 MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Minnie - Counts			
30 INFORMANT - NAME: Ronald Shippy	31 MAILING ADDRESS - STREET OR RFD NO: POB 81	CITY OR TOWN: Stevenson	STATE: WA	ZIP: 98648		
32 BURIAL, CREMATION, REMOVAL, DONATION (Specify): Burial	33 DATE (Mo, Day, Yr): June 4 1994	34 CEMETERY/CREMATORY - NAME: Wind River Cemetery	35 LOCATION - CITY/TOWN, STATE: Carson WA			
36 FUNERAL DIRECTOR (Signature): X [signature]	37 NAME OF FACILITY: GARDINER FUNERAL HOME, INC.	38 ADDRESS OF FACILITY: POB 300 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):

FILED FOR RECORD
SKAMANIA CO., WASH.
BY Virginia Reed
Jan 20 11 46 AM '95

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

42 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Robert K. Leick, Cor. Skamahia Co. Courthouse Stevenson, WA 98648

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): June 6, 1994

45 PRONOUNCED DEAD (Mo, Day, Yr): June 1, 1994

46 HOUR OF DEATH (24 Hr): 0630

47 HOUR PRONOUNCED DEAD (24 Hr): 0710

48 CORONER FILE NUMBER: 94-014SK

49 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS THAT 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 THE CAUSE OR DISEASE LINE A.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.

A	CORONARY OCCLUSION		Undetermined
B	DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure		3 yrs.
C	DUE TO, OR AS A CONSEQUENCE OF: 17142 REAL ESTATE EXCISE TAX		
D	DUE TO, OR AS A CONSEQUENCE OF:		

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

JAN 20 1995
SKAMANIA COUNTY TREASURER

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): Natural

55 INJURY DATE (Mo, Day, Yr):

56 HOUR OF INJURY (24 Hr): Prompt

57 HOW INJURY OCCURRED: Accident, Suicide, Homicide, Undetermined, Pending Investigation

58 INJURY AT WORK? (Yes / No):

59 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify):

60 LOCATION - CITY/TOWN, STATE:

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

X [signature], MD

63 DATE RECEIVED (Mo, Day, Yr): June 8, 1994

DOH 01-003 (5/90)

Parcel # 2-9-1-1-2000

CERTIFIED

JUN 08 1994

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

BB148689