

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 121638 CERTIFICATE OF DEATH BOOK 148 PAGE 284

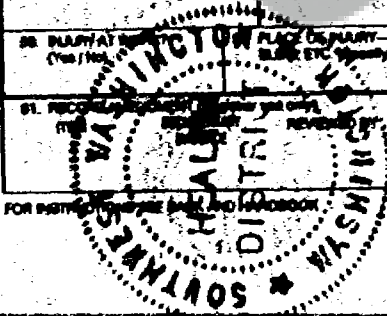
1. NAME George William WYANT			2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) April 23, 1993		
4. AGE LAST BIRTHDAY 88	5. UNDER 1 YEAR YES	6. UNDER 1 DAY HOURS	7. BIRTHDATE (Mo, Day, Yr) 4/10/1903	8. BIRTHPLACE Sullivan Co., MO	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Klickitat
11. CITY, TOWN OR LOCATION OF DEATH White Salmon			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN HOSPITAL 3. IN HOME 4. IN NURSING HOME 5. IN OTHER PLACE Skyline Hospital			13. SMOKING IN LAST 10 YEARS? (Yes / No) Yes
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If wife, give maiden name) Irene E. Brand		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 8
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fireman		19. KIND OF BUSINESS OR INDUSTRY Lumber		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 .012R Jessup Road		23. CITY/TOWN OR LOCATION Cook		24. INSIDE CITY LIMITS? (Yes / No) No	25. COUNTY Skamania	26. LENGTH OF RES IN CO 51 yrs
27. STATE WA		28. ZIP CODE 98605				
29. FATHER'S NAME—FIRST, MIDDLE, LAST William Thomas Wyant			30. MOTHER'S NAME—FIRST, MIDDLE, MARRIAGE SURNAME Mary - Hurrelston			
31. INFORMANT—NAME Irene Wyant			32. LINE AND ADDRESS STREET OR RD NO. CITY OR TOWN STATE ZIP .012R Jessup Rd. Cook, WA 98605			
33. BURIAL CREMATION Burial		34. DATE (Mo, Day, Yr) 4/27/1993		35. CEMETERY/CREMATORY—NAME Wind River Cemetery		36. LOCATION—CITY/TOWN, STATE Carson, WA
37. NAME OF FACILITY GARDNER FUNERAL HOME, INC.		38. ADDRESS OF FACILITY Box 390 White Salmon, WA 98672				

39. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. SIGNATURE AND TITLE [Signature] M.D.		41. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSES STATED. SIGNATURE AND TITLE [Signature] M.D.	
42. DATE SIGNED (Mo, Day, Yr) 4/26/93	43. HOUR OF DEATH (24 Hrs) 0348	44. DATE SIGNED (Mo, Day, Yr)	45. HOUR OF DEATH (24 Hrs)
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) James G. Janney, M.D., Box 1519 White Salmon, WA 98672		47. HOUR PRONOUNCED DEAD (24 Hrs)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) James G. Janney, M.D., Box 1519 White Salmon, WA 98672		49. MEDICORPHER FILE NUMBER	

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. IMMEDIATE CAUSE (Final disease or condition resulting in death) A. Pneumonia 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. B. Complication of Lung C. D.		INTERVAL BETWEEN ONSET AND DEATH 4.3 days 4 months INTERVAL BETWEEN ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT IMMEDIATE IN THE UNDERLYING CAUSE REAL ESTATE EXCISE TAX		52. AUTHORITY (Yes / No) No	

53. AOC SUICIDE, HOMICIDE, OR PENDING INVEST (Specify)	54. SALARY DATE (Mo, Day, Yr) PAID	55. HOUR OF SALARY (24 Hrs) exempt	56. DECEASED PERSON'S SALARY PAID [Signature]
57. PLACE OF SALARY—AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (Specify) [Signature]			58. DATE RECEIVED (Mo, Day, Yr) APR 26 1993
59. RECEIVED BY [Signature]			60. DATE RECEIVED (Mo, Day, Yr) APR 26 1993

3/14/95 Skamania County Assessor Parcel # 030914 20090000



Karen Stenja, MD

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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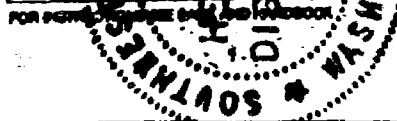
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CERTIFICATE OF DEATH

BOOK 148 PAGE 294

1. NAME George William WYANT		2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) April 23, 1993	
4. AGE LAST BIRTHDAY 90	5. UNDER 1 YEAR NO	6. UNDER 1 DAY NO	7. BIRTHDATE (Mo, Day, Yr) 4/10/1903	8. BIRTHPLACE Sullivan Co., MO	9. WAS DECEDENT EVER IN U.S. ARMED SERVICES (Yes / No) No
11. CITY, TOWN OR LOCATION OF DEATH White Salmon			12. PLACE OF DEATH - If not for place then give address or institution name Skyline Hospital		
14. MARRIAGE STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (If not, give maiden name) Irene E. Brand		16. SOCIAL SECURITY NO. [REDACTED]	
17. DECEASED'S EDUCATION (Specify only highest grade completed) 8		18. DECEASED'S EDUCATION (Specify only highest grade completed) College (14 or 16)		19. RACE (Specify) White	
20. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Fireman		21. KIND OF BUSINESS OR INDUSTRY Lumber		22. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
23. RESIDENCE - NUMBER AND STREET .012R Jessup Road		24. CITY/TOWN OR LOCATION Cook		25. STATE WA	
26. ZIP CODE 98605		27. ZIP CODE 98605		28. ZIP CODE 98605	
29. DECEASED'S NAME - FIRST, MIDDLE, LAST William Thomas Wyant		30. DECEASED'S NAME - FIRST, MIDDLE, LAST Mary Hurrelston		31. DECEASED'S NAME - FIRST, MIDDLE, LAST Irene Wyant	
32. DECEASED'S NAME - FIRST, MIDDLE, LAST Irene Wyant		33. DECEASED'S NAME - FIRST, MIDDLE, LAST .012R Jessup Rd, Cook, WA 98605		34. DECEASED'S NAME - FIRST, MIDDLE, LAST .012R Jessup Rd, Cook, WA 98605	
35. DECEASED'S NAME - FIRST, MIDDLE, LAST Wind River Cemetery		36. DECEASED'S NAME - FIRST, MIDDLE, LAST Carson, WA		37. DECEASED'S NAME - FIRST, MIDDLE, LAST Box 390	
38. DECEASED'S NAME - FIRST, MIDDLE, LAST GARDNER FUNERAL HOME, INC.		39. DECEASED'S NAME - FIRST, MIDDLE, LAST White Salmon, WA 98672		40. DECEASED'S NAME - FIRST, MIDDLE, LAST White Salmon, WA 98672	
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FOR FILING - SIGNATURE OF REGISTRAR



FILED FOR RECORD
SKAMANIA CO. WASH
BY Sharon Bradshaw

FEB 14 1 26 PM '95
GARY M. OLSON
AUDITOR

APR 26 1993

Karen Stenigart, MD
Health District Officer
3W, Wash. Health D.