STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 121638 — STATE FILE NUMBER — BOOK 148 PAGE 284

Field	Entry
1. Name (First, Middle, Last)	George William WYANT
2. Sex	Male
3. Death Date	April 23, 1993
4. Age Last Birthday	90
7. Birthdate	4/10/1903
8. Birthplace	Sullivan Co., MO
9. Was decedent ever in U.S. Armed Forces?	No
10. County of Death	Klickitat
11. City, Town or Location of Death	White Salmon
12. Place of Death	Hosp. X — Skyline Hospital
13. Smoking in last 15 years	Yes
14. Marital Status	Married
15. Surviving Spouse	Irene E. Brand
16. Social Security No.	[redacted]
17. Decedent's Education (Elementary/Secondary)	8
18. Usual Occupation	Fireman
19. Kind of Business or Industry	Lumber
20. Was decedent of Hispanic origin or descent?	No
21. Race	White
22. Residence—Number and Street	.012R Jessup Road
23. City/Town or Location	Cook
24. Inside City Limits?	No
25a. County	Skamania
25b. Length of Res in Co	51 yrs
26. State	WA
27. Zip Code	98605
28. Father's Name	William Thomas Wyant
29. Mother's Name—First, Middle, Maiden Surname	Mary - Hurrelston
30. Informant—Name	Irene Wyant
31. Mailing Address	.012R Jessup Rd. Cook, WA 98605
32. Burial/Cremation/Removal/Other	Burial
33. Date	4/27/1993
34. Cemetery/Crematory—Name	Wind River Cemetery
35. Location—City/Town, State	Carson, WA
36. Funeral Director Signature	X [signature]
37. Name of Facility	GARDNER FUNERAL HOME, INC
38. Address of Facility	Box 390 White Salmon, WA 98672

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

Field	Entry
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 [signature] MD
40. Date Signed	4/26/93
41. Hour of Death	0348
42. Name and Title of Attending Physician if other than Certifier	

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

Field	Entry
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
44. Date Signed	
45. Hour of Death	
46. Pronounced Dead	
47. Hour Pronounced Dead	
49. ME/Coroner File Number	

48. Name and Address of Certifier: James G. Janney, M.D. Box 1519 White Salmon, WA 98672

50. Enter the diseases, injuries, or complications which caused the death.

Cause	Entry	Interval between onset and death
Immediate cause a.	Pneumonia	4-5 days
b. Due to, or as a consequence of	Carcinoma of Lung	4 months
c. Due to, or as a consequence of		
d. Due to, or as a consequence of		

51. Other significant conditions:
52. Autopsy? No
53. Was case referred to medical examiner or coroner? No
54. Acc., Suicide, Homi., Undet., or Pending Invest.:
55. Injury Date:
56. Hour of Injury:
57. Describe how injury occurred:
58. Injury at work?
59. Place of injury:
60. Location:
61. Registrar:
62. Date Received: APR 26 1993

DOH 110-003 (Rev. 7/91)

Stamp: 1165 REAL ESTATE EXCISE TAX — 1995 — PAID — exempt — SKAMANIA COUNTY TREASURER

Stamp: Indexed, Indirect, Filmed, Mailed

Stamp: SOUTHWEST WASHINGTON HEALTH DISTRICT

Seal: THE SEAL OF THE STATE OF WASHINGTON 1889

Margin: 2/14/95 Skamania County Assessor By: [initials] Parcel # 03-08-14-2-0-0900-00

Karen Steingart, MD

DOH 01-003 (5/92)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

LOCAL FILE NUMBER 121638 **CERTIFICATE OF DEATH** BOOK 142 PAGE 284

1. NAME First: George	Middle: William	Last: WYANT	2. SEX: Male	3. DEATH DATE: April 23, 1993
4. AGE LAST BIRTHDAY: 90	7. BIRTHDATE: 4/10/1903	8. BIRTHPLACE: Sullivan Co., MO	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? No	10. COUNTY OF DEATH: Klickitat
11. CITY, TOWN OR LOCATION OF DEATH: White Salmon	12. PLACE OF DEATH: Skyline Hospital			13. SMOKING IN LAST 15 YEARS? Yes
14. MARITAL STATUS: Married	15. SURVIVING SPOUSE: Irene E. Brand	16. SOCIAL SECURITY NO.: [redacted]	17. DECEDENT'S EDUCATION: 8	
18. USUAL OCCUPATION: Fireman	19. KIND OF BUSINESS OR INDUSTRY: Lumber	20. WAS DECEDENT OF HISPANIC ORIGIN? No	21. RACE: White	
22. RESIDENCE: .012R Jessup Road	23. CITY/TOWN: Cook	INSIDE CITY LIMITS? No	COUNTY: Skamania	LENGTH OF RES. IN CO.: 51 yrs; STATE: WA; ZIP: 98605
FATHER'S NAME: William Thomas Wyant	MOTHER'S MAIDEN NAME: Mary - Hurrelston			
INFORMANT: Irene Wyant	MAILING ADDRESS: .012R Jessup Rd. Cook, WA 98605			
BURIAL/CREMATION: Burial	DATE: 4/27/1993	CEMETERY/CREMATORY: Wind River Cemetery	LOCATION: Carson, WA	
FUNERAL DIRECTOR SIGNATURE: [signature]	NAME OF FACILITY: GARDNER FUNERAL HOME, INC	ADDRESS OF FACILITY: Box 390 White Salmon, WA 98672		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.

Signature and title: [signature] MD

Date signed: 4/26/93 Hour of death: 0348

Name and address of certifier: James G. Janney, M.D. Box 1510 White Salmon, WA 98672

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

		Interval between onset and death
a.	Pneumonia	4-5 days
b. Due to, or as a consequence of:	Carcinoma of Lung	4 months
c. Due to, or as a consequence of:		
d. Due to, or as a consequence of:		

Autopsy: No Was case referred to medical examiner or coroner: No

17165
REAL ESTATE EXCISE TAX
FEB 14 1995
PAID exempt
SKAMANIA COUNTY TREASURER

DATE RECEIVED: APR 26 1993

Karen Steingart, md

DOH 01-003 (6/92)

FILED FOR RECORD
SKAMANIA CO. WASH
BY Sharon Bradshaw
FEB 14 1 26 PM '95
P Lowry
AUDITOR
GARY M. OLSON

APR 26 1993
Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health D.