STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

19 124619 — LOCAL FILE NUMBER

Health

BOOK 155 PAGE 588

146 3 27995 — STATE FILE NUMBER

CERTIFICATE OF DEATH

1. NAME (First, Middle, Last): BARBARA ANN OSBORNE
2. SEX (M/F): Female
3. DEATH DATE (Mo. Day Yr.): July 18, 1993
4. AGE LAST BIRTHDAY (Yrs): 74
5. UNDER 1 YEAR (Mos, Days):
6. UNDER 1 DAY (Hours, Mins):
7. BIRTHDATE (Mo. Day Yr.): Oct. 10, 1918
8. BIRTHPLACE (City, State or Foreign Country): Washougal, 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: Washougal
12. PLACE OF DEATH — CHECK BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 X HOME 2 IN TRANSPORT 3 EMERG RM/OUTPTN 4 HOSP 5 NUR HOME 6 OTHER PLACE — M. P. 0.01 Miller Road
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):
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): Bag Machine Operator
19. KIND OF BUSINESS OR INDUSTRY: Paper Mill
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: M.P. 0.01 Miller Rd.
23. CITY/TOWN OR LOCATION: Washougal
24. INSIDE CITY LIMITS? (Yes/No): No
25a. COUNTY: Skamania
25b. LENGTH OF RES IN CO: 74 Yrs.
26. STATE: Wash.
27. ZIP CODE: 98671
28. FATHER'S NAME — FIRST, MIDDLE, LAST: Emory F. Stevenson
29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME: Ida M. Wantland
30. INFORMANT — NAME: Jerry Osborne - Son
31. MAILING ADDRESS (Street or RFD No, City or Town, State, Zip): P. O. Box 501, Washougal, Washington 98671
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo. Day Yr.): July 21, 1993
34. CEMETERY/CREMATORY — NAME: Washougal Memorial Cemetery
35. LOCATION — CITY/TOWN, STATE: Washougal, Washington
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Straub's Funeral Home
38. ADDRESS OF FACILITY: 325 N. E. 3rd Ave. Camas, WA 98607

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 [signature]
40. DATE SIGNED (Mo. Day Yr.): 7/19/93
41. HOUR OF DEATH (24 Hrs): 1751
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
44. DATE SIGNED (Mo. Day Yr.):
45. HOUR OF DEATH (24 Hrs):
46. PRONOUNCED DEAD (Mo. Day Yr.):
47. HOUR PRONOUNCED DEAD (24 Hrs):
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Stanton L. Friedberg, M.D., 700 N. E. 87th, Vancouver, WA 98664
49. ME/CORONER FILE NUMBER:

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

	Cause	Interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death) A	Congestive Heart Failure	4 years
B. DUE TO, OR AS A CONSEQUENCE OF	Aortic Stenosis	5 years
C. DUE TO, OR AS A CONSEQUENCE OF		
D. DUE TO, OR AS A CONSEQUENCE OF		

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51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Renal failure, hypertension, insulin dependent diabetes
52. AUTOPSY? (Yes/No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No):
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? (Yes/No):
59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify):
60. LOCATION (Street and Number or RFD No., City/Town, State):

Indexed / Indexed / Indirect / Filmed / Mailed

61. RECORD AMENDMENT (Registrar use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X [signature], M.D.
63. DATE RECEIVED (Mo. Day Yr.): JUL 2 2 1993

FOR INSTRUCTIONS SEE BACK AND HANDBOOK — DOH 01-003 (8/95)

THIS IS A TRUE CERTIFICATION OF THE RECORD ON FILE AT THE CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES ... SEAL

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

This is a legal document. Complete in ink and do not alter.

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STATE REGISTRAR OF VITAL RECORDS

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