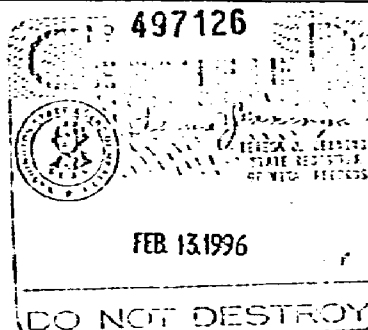


STATE OF WASHINGTON DEPARTMENT OF HEALTH									
19		124619		Health		BOOK 155 PAGE 588		146 3 27995	
LOCAL FILE NUMBER		CERTIFICATE OF DEATH		STATE FILE NUMBER					
1 NAME: First Middle Last BARBARA ANN OSBORNE				2 SEX (M/F) Female		3 DEATH DATE (Mo Day Yr) July 18, 1993			
4 AGE LAST BIRTHDAY (Yr Mo Day) 74		5 UNDER 1 YEAR YES		6 UNDER 1 DAY NO		7 BIRTH DATE (Mo Day Yr) Oct. 10, 1918		8 BIRTH PLACE (City, State or Foreign Country) Washougal, WA	
9 CITY, TOWN OR LOCATION OF DEATH Washougal				10 PLACE OF DEATH (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) M. P. O.01 Miller Road				11 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) No	
12 COUNTY OF DEATH Skamania				13 SURVIVING IN LAST 15 YEARS (Yes/No) No					
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVOR SPOUSE (If wife, give her name) 		16 SOCIAL SECURITY NO. 		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12		18 RACE (Specify) White	
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Bag Machine Operator		20 KIND OF BUSINESS OR INDUSTRY Paper Mill		21 WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes/No) No		22 RESIDENCE—NUMBER AND STREET M.P. O.01 Miller Rd.		23 CITY/TOWN OR LOCATION Washougal	
24 RESIDENCE—CITY/TOWN OR LOCATION No		25 RESIDENCE—COUNTY Skamania		26 LENGTH OF RES. IN CO. 74 Yrs.		27 STATE Wash.		28 ZIP CODE 98671	
29 FATHER'S NAME—FIRST, MIDDLE, LAST Emory F. Stevenson				30 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Ida M. Wantland					
31 INFORMANT—NAME Jerry Osborne - Son		32 MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP P. O. Box 501, Washougal, Washington 98671							
33 BURIAL/CREMATION (Specify) Burial		34 DATE (Mo Day Yr) July 21, 1993		35 CEMETERY/CREMATORY—NAME Washougal Memorial Cemetery		36 LOCATION—CITY/TOWN, STATE Washougal, Washington			
37 FUNERAL HOME (Specify) 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 7/18/93 1751					40 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 44 DATE SIGNED (Mo Day Yr) 7/20/96				
41 SIGNATURE AND TITLE Stanton L. Friedberg, M.D.					42 SIGNATURE AND TITLE GARY M. OLSON				
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Stanton L. Friedberg, M.D., 700 N. E. 87th, Vancouver, WA 98664					44 PRONOUNCED DEAD (Mo Day Yr) 				
45 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					46 ME/CORONER FILE NUMBER 				
47 ENTER THE DISEASES, INJURIES OR COMPLICATIONS WHICH CAUSED THE DEATH									
IMMEDIATE CAUSE (First disease or condition resulting in death) Coronary Heart Failure					INTERVAL BETWEEN ONSET AND DEATH 4 years				
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEAVY 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. Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 12 years				
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Renal failure, hyperkalemia, insulin dependent diabetes					52 AUTOPSY? (Yes/No) No				
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No					54 ACC. SUICIDE? (Yes/No) No				
55 INJURY AT WORK? (Yes/No) No					56 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, BLDG. ETC. (Specify) 				
57 RECORD AMENDMENT (Register use only) 					58 DATE RECEIVED (Mo Day Yr) JUL 22 1993				

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.

OFFICIAL DOCUMENT OF
THE STATE OF WASHINGTON



DD083352