STATE OF WASHINGTON
DEPARTMENT OF HEALTH

6604 — LOCAL FILE NUMBER | 126901 | Health | BOOK 161 / 146 PAGE 311 | STATE FILE NUMBER

CERTIFICATE OF DEATH

Field	Entry
1. Name (First, Middle, Last)	Anabel B. FINK
2. Sex (M/F)	Female
3. Death Date (Mo. Day Yr.)	April 30, 1995
4. Age last birthday (Yrs)	88
5. Under 1 year (Mos, Days)	
6. Under 1 day (Hours, Mins)	
7. Birthdate (Mo. Day Yr.)	10/5/1906
8. Birthplace (City, State or Foreign Country)	Centralia, WA
9. Was decedent ever in U.S. Armed Forces? (Yes/No)	No
10. County of death	Clark
11. City, town or location of death	Vancouver
12. Place of death (1 Home 2 In transport 3 ER/Outpt 4 Hosp 5 Nursing home 6 Other place)	13105 NW 44th Ave.
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 (Elementary/Secondary (0-12), College (1-4 or 5+))	College 1
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? (Ancestry) (Specify) (Yes/No) Specify	No
21. Race (Specify)	White
22. Residence — Number and street	13105 NW 44th Ave
23. City/town or location	Vancouver
24. Inside city limits? (Yes/No)	No
25a. County	Clark
25b. Length of time in county	1 yr
26. State	WA
27. Zip code	98685
28. Father's name — First, Middle, Last	Lewis - Blaine
29. Mother's name — First, Middle, Maiden surname	Gretta - Rutherford
30. Informant — Name	Gayle MacKay
31. Mailing address (Street or RFD No., City or Town, State, Zip)	13105 NW 44th Ave. Vancouver, WA 98685
32. Burial, cremation, removal, other (Specify)	Burial
33. Date (Mo. Day Yr.)	5/6/1995
34. Cemetery/crematory — Name	White Salmon Cemetery
35. Location — City/town, State	White Salmon, WA
36. Funeral director signature	X C. M. [signature]
37. Name of facility	GARDNER FUNERAL HOME, INC.
38. Address of facility	POB 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 Ivan P Law MD
40. Date signed (Mo. Day Yr.)	5-2-95
41. Hour of death (24 Hrs)	2009
42. Name and title of attending physician if other than certifier (Type or Print)	Ivan P Law MD.

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 (Mo. Day Yr.)	
45. Hour of death (24 Hrs)	
46. Pronounced dead (Mo. Day Yr.)	
47. Hour pronounced dead (24 Hrs)	

Field	Entry
48. Name and address of certifier — physician, medical examiner or coroner (Type or Print)	Ivan Law, M.D. 2707 NE 33rd Portland, OR 97212
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.

	Cause	Interval between onset and death
Immediate cause (Final disease or condition resulting in death) a.	Cardiac Arrest	
b. Due to, or as a consequence of	Coronary artery disease	
c. Due to, or as a consequence of	Respiratory Failure	
d. Due to, or as a consequence of		

Field	Entry
51. Other significant conditions — conditions contributing to death but not resulting in the underlying cause given above	Chronic obstructive pulmonary disease
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)	
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 or RFD No., City/town, State	
61. Record amendment (Registrar use only) — Item, Documentary evidence, Reviewed by, Date	
62. Registrar	[signature] Stingent, md.
63. Date received (Mo. Day Yr.)	MAY 05 1995

Seal: THE STATE OF WASHINGTON 1889

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly OSHS 9150)

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DOH 01-003 (7/94)

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