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FILED FOR RECORD AT REQUEST OF
Jack Leonard
Mar 17 9 37 AM '93
D Lowry
AUDITOR
GARY R. OLSON

Return Address:

John S. Leonard
PO Box 157
Carson, WA 98610

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Leonard, Edith Lyle
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Public, The
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY

Health

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CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

1. NAME: First: Edith; Middle: Lyle; Last: LEONARD	2. SEX (M / F): Female	3. DEATH DATE (Mo. Day. Yr.): July 8, 1996	
4. AGE-LAST BIRTHDAY (Yrs): 76	5. UNDER 1 YEAR - MOS / DAYS	6. UNDER 1 DAY - HOURS / MINS	7. BIRTHDATE (Mo. Day. Yr.): 12/20/1919
8. BIRTHPLACE (City, State or Foreign Country): Noxon, MT	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: 1 HOME 2 IN TRANSPORT 3 ER/OUTPT 4 X HOSP 5 NURSING HOME 6 OTHER PLACE: Skyline Hospital	13. SMOKED IN LAST 15 YEARS? (Yes / No): No	
14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Married	15. SURVIVING SPOUSE (If wife, give maiden name): John S. Leonard	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): Homemaker	19. KIND OF BUSINESS OR INDUSTRY: Own Home	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: 241 Hot Springs Ave	23. CITY/TOWN, OR LOCATION: Carson	24. INSIDE CITY LIMITS? (Yes / No): No	25A. COUNTY: Skamania
25B. LENGTH OF RES. IN CO: 50+yrs	26. STATE: WA	27. ZIP CODE: 98610	
28. FATHER'S NAME - FIRST, MIDDLE, LAST: Dennis - Dorgan	29. MOTHER'S NAME - FIRST, MIDDLE, MAIDEN SURNAME: Cora Belle Lovell		
30. INFORMANT - NAME: John S. Leonard	31. MAILING ADDRESS - STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: POB 157 Carson, WA 98610		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	33. DATE (Mo. Day. Yr.): 7/11/96	34. CEMETERY/CREMATORY - NAME: Carson 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: POB 390 White Salmon, WA 98672	

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] MD

40. DATE SIGNED (Mo. Day. Yr.): 7/9/96

41. HOUR OF DEATH (24 Hrs.): 0900

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): James G. Janney, III MD POB 1519 White Salmon, WA 98672

49. MEDICO-LEGAL 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.

IMMEDIATE CAUSE (Final disease or condition resulting in death): A. CANCER OF TIBE GLOB, METASTATIC		INTERVAL BETWEEN ONSET AND DEATH: 3 mos
DUE TO, OR AS A CONSEQUENCE OF: B. TO TIBE OMENTUM & (L) LUNG		INTERVAL BETWEEN ONSET AND DEATH: 3 mo
DUE TO, OR AS A CONSEQUENCE OF: C.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF: D.		INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE.

52. AUTOPSY? (Yes / No): No

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): 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)		STREET OR RFD NO., CITY/TOWN, STATE

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY PROOF / REVIEWED BY / DATE

63. DATE RECEIVED (Mo. Day. Yr.): JUL 10 1996

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-078 (Rev. 7/91) (Formerly DSHS 9-150)

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DEATH CERTIFICATE