

145360

BOOK 226 PAGE 879

Return To:
Charles R. Cusack, Jr.
Attorney at Law
P.O. Box 720
Vancouver, WA 98666-0720
(360) 693-5255

FILED FOR RECORD
SKAMIA CO. WASH
BY Charles R. Cusack Jr.

JUL 25 1 33 PM '02

P. Lavy

AUDITOR
J. MICHAEL GARVISON

1. Document Title: **Death Certificate**

2. Reference Nos. of Documents
Released or Assigned:

3. Grantor(s) (Last, First, Middle Initial):

Howard, June Ellen

4. Grantee(s) (Last First, Middle Initial):

The Public

5. Legal Description:

Abbreviated form (lot, block, plat name, section/township/range):

Additional legal description is on Page _____ of document

6. Assessor's Property Tax Parcel Account Number(s):

3-9-14-800

atm

Registered
General
Filed
Date

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

BOOK 226 PAGE 880

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

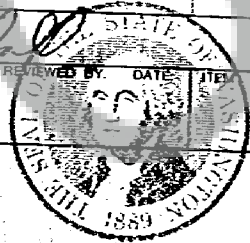
CERTIFICATE OF DEATH

D-2 #6
LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST JUNE ELLEN HOWARD		2. SEX F	3. DEATH DATE (MO DAY YR) Feb. 1, 1983	4. COUNTY OF DEATH Whitman	5. STATE FILE NUMBER 146-83 03619
4. RACE (WHITE, BLACK, AM IND, ETC. SPECIFY) White	5. AGE - LAST BIRTH DAY (YRS) 64	6. UNDER 1 YEAR MOS DAYS HOURS MINS	7. UNDER 1 DAY	8. BIRTH DATE (MO DAY YR)	9. COUNTY OF BIRTH
10. CITY, TOWN OR LOCATION OF DEATH Pullman		11. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERGENCY OUTPAT <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE S. W. 135 Elm Street		12. RECEIVED EMERGENCY CARE AMBULANCE, FIRST AID, PARAMED? No YES/NO	
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Washington	14. CITIZEN OF WHAT COUNTRY USA	15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) Herbert D. Howard	
17. SOCIAL SECURITY NO.	18. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Homemaker	19. KIND OF BUSINESS OR INDUSTRY Own Home		20. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No	
21. RESIDENCE - NUMBER AND STREET S. W. 135 Elm Street		22. CITY, TOWN, OR LOCATION Pullman	23. INSIDE CITY LIMITS (YES/NO) Yes	24. COUNTY Whitman	25. STATE Washington
26. FATHER - NAME FIRST, MIDDLE, LAST Cecil Preston		27. MOTHER - MARDEN NAME FIRST, MIDDLE, LAST Laura Watkins			
28. INFORMANT - NAME Herbert D. Howard		29. MARITAL ADDRESS S. W. 135 Elm Street, Pullman, Washington 99163			
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Crementation Feb. 3, 1983		31. DATE (MO DAY YR)		32. CEMETERY, CREMATORY - NAME Riplinger Crematory	
33. FUNERAL DIRECTOR Edward D. Kimball		34. NAME OF FACILITY Kimball Funeral Home		35. ADDRESS OF FACILITY Spokane, Washington	
36. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN SIGNATURE AND TITLE David E. Magaret			37. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER SIGNATURE AND TITLE X		
38. DATE SIGNED (MO DAY YR) 4 Feb 83			39. HOUR OF DEATH (24 HRS) 1651		40. HOUR PRONOUNCED DEAD (24 HRS)
41. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) David E. Magaret, M.D., S. E. 1205 Johnson Ave., Pullman, Washington 99163			42. DATE SIGNED (MO DAY YR)		43. HOUR PRONOUNCED DEAD (24 HRS)
44. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) David E. Magaret, M.D., S. E. 1205 Johnson Ave., Pullman, Washington 99163					
45. IMMEDIATE CAUSE ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), and (C) (A) Cardiac Arrest DUE TO, OR AS A CONSEQUENCE OF (B) Metastatic Carcinoma of the Breast DUE TO, OR AS A CONSEQUENCE OF (C)					
46. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE				47. INTERVAL BETWEEN ONSET AND DEATH Immediate	
48. AUTOPSY? (YES/NO) No				49. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) No	
50. INJURY AT WORK? (YES/NO)		51. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC. (SPECIFY)		52. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE	
53. INJURY DATE (MO DAY YR)		54. HOUR OF INJURY (24 HRS)		55. DESCRIBE HOW INJURY OCCURRED	
56. REGISTRAR SIGNATURE Edward D. Kimball					
57. DATE RECEIVED (MO DAY YR) 2-8-1983				58. FOR STATE REGISTRAR USE ONLY	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.



DSHS 9-150 (REV. 1-82)

DOH 01-003 (6-99)

THIS IS A CERTIFIED COPY OF THE RECORDS ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.