40319 **Tacoma-Pierce County Health Department**

DATE ISSUED: June 5, 1980

Vol. M84 Page 14458

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

1676 D-1 (LOCAL FILE NUMBER)

146-8 (STATE FILE NUMBER) 1676

DECEDENT

1. NAME - FIRST, MIDDLE, LAST: Thelma Louise HARRIS
2. SEX: Fe
3. DEATH DATE (MO DAY YR): June 1, 1980
4. RACE (WHITE, BLACK, AM. IND., ETC. SPECIFY): White
5. AGE - LAST BIRTHDAY (YRS): 60
6. IF UNDER 1 YEAR - MOS. / DAYS
7. IF UNDER 1 DAY - HOURS / MINS.
8. BIRTHDATE (MO DAY YR): Aug. 17, 1919
9. COUNTY OF DEATH: Pierce
10. CITY, TOWN OR LOCATION OF DEATH: Tacoma
11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME: 1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM (HOSPITAL) 5 NURSING HOME — Medical Center
12. RECEIVED EMERGENCY CARE IN AMBULANCE, FIRE/TR, PARAMED: Yes
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Washington
14. CITIZEN OF WHAT COUNTRY: USA
15. MARITAL STATUS (NEVER MARRIED, MARRIED, WIDOWED, DIVORCED): Married
16. SURVIVING SPOUSE (WIFE GIVE MAIDEN NAME): Forrest C. Harris
17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): No
18. SOCIAL SECURITY NO.: 539-03-2086
19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.): Housewife
20. KIND OF BUSINESS OR INDUSTRY: Own Home
21. RESIDENCE - NUMBER AND STREET: 1429 Evergreen Dr.
22. CITY/TOWN, OR LOCATION: Tacoma
23. INSIDE CITY LIMITS? (YES/NO): No
24. COUNTY: Pierce
25. STATE: Washington

PARENTS

26. FATHER - NAME FIRST, MIDDLE, LAST: Olaf Bernhoff Nelson
27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST: Johanna Pauline Anderson

DISPOSITION

28. INFORMANT - NAME: Forrest C. Harris
29. MAILING ADDRESS - STREET OR RFD NO.: 1429 Evergreen Dr.
CITY: Tacoma
STATE: WA
ZIP: 98466
30. BURIAL, CREMATION, REMOVAL (SPECIFY): CREMATION
31. DATE (MO DAY YR): JUNE 5,1980
32. CEMETERY/CREMATORY NAME: TACOMA BROOKSIDE CREMATORY
33. LOCATION - CITY/TOWN, STATE: TACOMA, WASHINGTON
34. FUNERAL DIRECTOR - SIGNATURE: X
35. NAME OF FACILITY: BUCKLEY MEMORIAL MORTUARY
36. ADDRESS OF FACILITY: 108 N. K AVE. P.O. TACOMA, WA.

CERTIFIER

TO BE COMPLETED ONLY BY PHYSICIAN
TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
SIGNATURE: X — TITLE: C, Patient Affairs Officer
SIGNATURE — TITLE
38. DATE SIGNED (MO DAY YR): June 3, 1980
39. HOUR OF DEATH (24 HRS): 1108
42. DATE SIGNED (MO DAY YR)
43. HOUR OF DEATH (24 HRS)
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): JAMES B. ERHARDT, CPT, MC
44. PRONOUNCED DEAD (MO DAY YR)
45. HOUR PRONOUNCED DEAD (24 HRS)
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): WILLIAM E. WEGNER, CPT, MSC, Madigan Army Medical Center, Tacoma, WA. 98431

CAUSE OF DEATH

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

47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)):
(A) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate
DUE TO, OR AS A CONSEQUENCE OF:
(B) Cholangiocarcinoma — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO, OR AS A CONSEQUENCE OF:
(C) Carcinomatosis complicated by Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: Years
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.
AUTOPSY? (YES/NO): Yes
50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO): No
51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)
52. INJURY DATE (MO DAY YR)
53. HOUR OF INJURY (24 HRS.)
54. PLACE WHERE INJURY OCCURRED.
55. INJURY AT WORK? (YES/NO)
56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)
57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE
58. REGISTRAR SIGNATURE: X W. R. Herron, M.D.
59. DATE RECEIVED (MO DAY YR): JUN 4 1980

FOR STATE REGISTRAR USE ONLY: 723.01

ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY:	DATE:	ITEM	DOCUMENTARY EVIDENCE:	REVIEWED BY:	DATE:

TACOMA-PIERCE COUNTY HEALTH DEPARTMENT — TACOMA WASHINGTON PIERCE COUNTY

~~I HEREBY CERTIFY that this is a true copy (photographic) of the original certificate on file~~ in this office, AS LONG AS THE CENTER SEAL AND THIS CERTIFICATION ARE PRINTED IN BLUE. ANY ALTERATION(S) VOIDS THIS DOCUMENT.

W. R. Herron, M.D.
Walter R. Herron, M.D., M.P.H.
Director of Health and Registrar

A. Falk
Deputy Registrar

HEA-112 (4/80)

'84 AUG 21 PM 1 10

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 21 day of August A.D., 19 84 at 4:37 o'clock P M, and duly recorded in Vol M84 of Deeds on page 14458.

Cal 5.00

Index: $1.00
Fee: $ 4.00

EVELYN BIEHN, COUNTY CLERK
by: Pam Smith, Deputy

Return: F. C. Harris, Box 45 Lockwood, California 93932