

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

MTC 316364 NF

STATE FILE NUMBER

1. NAME First: NEVA Middle: LORRAINE Last: BLEAKNEY			2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) March 9, 1993			
4. AGE LAST BIRTHDAY (Yrs) 96	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) Jan 17, 1897	8. BIRTHPLACE (City, State or Foreign Country) Nobleville, Indiana	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Clark	
11. CITY, TOWN OR LOCATION OF DEATH Camas			12. PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP. 5. NUR HOME 6. OTHER PLACE Highland Terrace Nursing Center			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)		16. SOCIAL SECURITY NO. 544-18-0218	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9 College (1-4 or 5+)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Desk Clerk			19. KIND OF BUSINESS OR INDUSTRY Hotel		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 31715 N. E. 9th St.		23. CITY/TOWN OR LOCATION Washougal		
24. INSIDE CITY LIGHTS? (Yes/No) No			25A. COUNTY Clark		25B. LENGTH OF RES. IN CO. 2 Mos.		
26. STATE Wash.			27. ZIP CODE 98671		28. FATHER'S NAME—FIRST, MIDDLE, LAST John G. Slusser		
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary E. Cook			30. INFORMANT—NAME Devona Patterson - G'dtr.		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 31715 N. E. 9th St., Washougal, Washington 98671		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation			33. DATE (Mo, Day, Yr) Mar. 10, 1993		34. CEMETERY/CREMATORY—NAME Park Hill Crematory		
35. LOCATION—CITY/TOWN, STATE Vancouver, Washington			36. FUNERAL DIRECTOR OR SIGNATURE X <i>[Signature]</i>		37. NAME OF FACILITY 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. SIGNATURE AND TITLE X <i>[Signature]</i>				40. DATE SIGNED (Mo., Day, Yr) March 10, 1993			
41. HOUR OF DEATH (24 Hrs.) 0215				42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Timothy Ross MD 1950 Ft Vancouver Way, Vancouver, WA 98663			
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. HOUR PRONOUNCED DEAD (24 Hrs.)			
47. HOUR PRONOUNCED DEAD (24 Hrs.)				48. ME/CORONER FILE NUMBER			
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in 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. A. <i>Acute pulmonary edema</i> B. <i>Congestive heart failure</i> C. <i>Atherosclerotic cardiovascular disease</i> D. <i>Recurrent pneumonia</i> 50. ACC. SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify) E.C.D. 12-10-93							
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)							
54. INJURY AT WORK? (Yes / No)							
55. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, OR LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
56. HOUR OF INJURY (24 Hrs.)							
57. DESCRIBE HOW INJURY OCCURRED:							
58. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE							
59. DATE RECEIVED (Mo., Day, Yr.) MAR 10 1993							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH#110-008 (Rev. 7/91) (Formerly DSHS 9-150)

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DOH 01-003 (5/92)

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10-13-2005 12:12 PM

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CERTIFIED

WAR 11 1993

Karen Steingart
Dr. Karen Steingart
Health District Officer
S.W. Wash. Health Dist.

AA213051

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title Co the 13th day
of Oct A.D., 19 95 at 2:15 o'clock P M., and duly recorded in Vol. M95,
of Deeds on Page 27660.

FEE \$15.00

By Bernetha G. Letsch, County Clerk
Bernetha G. Letsch

Ret: Mountain Title Co