

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2022-019670

DATE ISSUED: 04/15/2022
FEE NUMBER:

FIRST AND MIDDLE NAME(S): RAMONA JOY
LAST NAME(S): NICHOLAS

COUNTY OF DEATH: THURSTON
DATE OF DEATH: APRIL 08, 2022
HOUR OF DEATH: 03:30 AM
SEX: FEMALE AGE: 90 YEARS
SOCIAL SECURITY NUMBER: 497-32-7523

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: FINN ADULT FAMILY HOME
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98502-4138

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

RESIDENCE STREET: 1836 E END CT NW
CITY, STATE, ZIP: OLYMPIA, WA 98502-4138
INSIDE CITY LIMITS: YES COUNTY: THURSTON
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 3 YEARS

BIRTH DATE: SEPTEMBER 08, 1931
BIRTHPLACE: BARDLEY, MO

FATHER: WILLARD WOODRING
MOTHER: GOLDA DODD

MARITAL STATUS: DIVORCED
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: BLACK HILLS CREMATORY

OCCUPATION: SECRETARY
INDUSTRY: WA STATE DEPT OF CORRECTIONS
EDUCATION: ASSOCIATE DEGREE
US ARMED FORCES: NO

CITY, STATE: OLYMPIA, WASHINGTON
DISPOSITION DATE: APRIL 15, 2022

INFORMANT: SUSAN L NICHOLAS
RELATIONSHIP: DAUGHTER
ADDRESS: 6735 SW JANET WAY, CORVALLIS OR 91333

FUNERAL FACILITY: FOREST FUNERAL HOME

ADDRESS: 2501 PACIFIC AVENUE SE
CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98501
FUNERAL DIRECTOR: JILL L LANE

CAUSE OF DEATH:

- A: ACUTE CARDIOPULMONARY FAILURE
INTERVAL: <1 WEEK
- B: LEWY BODY PARKINSON'S DISEASE
INTERVAL: >1 YEAR
- C:
INTERVAL:
- D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: NATURAL
AUTOPSY: UNKNOWN
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: UNKNOWN
PREGNANCY STATUS IF FEMALE: NO RESPONSE

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

CERTIFIER NAME: MICHELLE RORIE, ARNP
TITLE: ARNP
CERTIFIER ADDRESS: 6811 S 204TH STREET SUITE 280
CITY, STATE, ZIP: KENT, WASHINGTON 98032
DATE SIGNED: APRIL 11, 2022

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 22-0897-04 NJA
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATIE CALLAHAN
DATE RECEIVED: APRIL 14, 2022