

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-010171

DATE ISSUED: 06/17/2013

FEE NUMBER: 000004402

GIVEN NAMES: BEATRICE E  
LAST NAME: BROWN

COUNTY OF DEATH: PACIFIC  
DATE OF DEATH: JUNE 10, 2013  
HOUR OF DEATH: 11:30 A.M.  
SEX: FEMALE  
AGE: 86 YEARS  
SOCIAL SECURITY NUMBER: 539-22-7243

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 02, 1926  
BIRTHPLACE: WIEPPE, IDAHO

MARITAL STATUS: WIDOWED  
SPOUSE:

OCCUPATION: ACCOUNTANT  
INDUSTRY: ACCOUNTING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES? NO

INFORMANT: ANGELA DEATHERAGE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 303 8TH STREET, RAYMOND, WA 98577

CAUSE OF DEATH:  
A. PARKINSON'S DISEASE  
INTERVAL: UNKNOWN  
B.  
INTERVAL:  
C.  
INTERVAL:  
D.  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:  
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF DEATH: NURSING HOME / LONG TERM CARE FACILITY  
FACILITY OR ADDRESS: WILLAPA HARBOR HEALTH & REHABILITAT  
CITY, STATE, ZIP: RAYMOND, WASHINGTON 98577

RESIDENCE STREET: 303 8TH STREET  
CITY, STATE, ZIP: RAYMOND, WASHINGTON 98577  
INSIDE CITY LIMITS? YES  
COUNTY: PACIFIC  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: EARL BARNES  
MOTHER: LEONA ARTHE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FERN HILL CREMATORY  
CITY, STATE, ZIP: ABERDEEN, WA  
DISPOSITION DATE: JUNE 12, 2013

FUNERAL FACILITY: STOLLER'S MORTUARY INC  
ADDRESS: 315 5TH STREET  
CITY, STATE, ZIP: RAYMOND WA 98577  
FUNERAL DIRECTOR: CHRISTINA L. WILSON

MANNER OF DEATH: NATURAL

AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: SHELLY DUEBER MD  
TITLE: PHYSICIAN  
CERTIFIER:  
ADDRESS: 801 N. MONTESANO  
CITY, STATE, ZIP: WESTPORT WA 98595  
DATE SIGNED: JUNE 11, 2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



CASE REFERRED TO ME/CORONER: NO  
FILE NUMBER: NOT APPLICABLE  
ATTENDING PHYSICIAN:  
SHELLY DUEBER MD

LOCAL DEPUTY REGISTRAR:  
MENDY HAMLIN  
DATE RECEIVED: JUNE 11, 2013