WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

STATE FILE NO. 12015

REG. DIST. NO. D-1

CERTIFICATE OF DEATH

REGISTRAR'S NO. 161

1. PLACE OF DEATH
a. COUNTY: Thurston
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Olympia
c. LENGTH OF STAY (in this place): 19 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Peter Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: Thurston
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Olympia
d. STREET (If rural, give location) ADDRESS: 2012 N. Bethel

3. NAME OF DECEASED (Type or print): a. (First) Alden b. (Middle) M. c. (Last) Iverson

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1956

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	Married	Dec. 8, 1900	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lineman	Power & Light Co.	Decorah, Iowa	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Iverson	Anna Hogan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	531-10-2123	Mrs. Lottie M. Iverson - Wife

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Laceration of Scalp, Basal

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Skull fractured, Fracture
Due to (c) of Rt hip & Rt ankle.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. multiple abrasions.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Injured in two car accident Hwy 99 N	Yes ☐ No ☒

21a. ACCIDENT (Specify) X SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☒ Not while at work ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw the deceased alive on ..... 19..... and that death occurred at ..... m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. Carlton MD Coroner	529 4544 Olympia	JUL 10 1956

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/4/56	Odd Fellows Cemetery	Olympia, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
6-4-56	Emmett L. Carlton M.D.	Warnica Mortuary Olympia, Wash.

S. F. No. 7784—10-55—30M. 43454.