

VITAL RECORDS
CERTIFICATE OF DEATH1304
LOCAL FILE NUMBER

6 16651

146-8

STATE FILE NUMBER

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

DECEASED

PARTICULARS

DICTIONARY

CERTIFIER

CAUSE OF DEATH

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

1 NAME - FIRST, MIDDLE, LAST LYNN W. JONES				2 SEX Male		3 DEATH DATE (MO DAY YR) May 1, 1986		146-8		STATE FILE NUMBER	
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY)) White		5 AGE - LAST BIRTH DAY (YRS) 42		6 UNDER 1 YEAR MOS DAYS		7 UNDER 1 DAY HOURS MINS		8 BIRTHDATE (MO DAY YR) Aug. 19, 1943		9 COUNTY OF DEATH Pierce	
10 CITY, TOWN OR LOCATION OF DEATH Tacoma				11 PLACE OF DEATH: <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <input type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG RM OUT <input checked="" type="checkbox"/> PIN <input type="checkbox"/> HOSP <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE St. Joseph Hospital				12 RECEIVED EMERGENCY CARE AMBULANCE, FIRETR, PARAMED? yes YES/NO			
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Minnesota		14 CITIZEN OF WHAT COUNTRY USA		15 MARRIED, NEVER MARRIED WIDOWED, DIVORCED Divorced		16 SPOUSE (IF WIFE GIVE MAIDEN NAME) JoAnn Cassum		17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) Yes			
18 SOCIAL SECURITY NO. 533-40-0664				19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) Carpenter				20 KIND OF BUSINESS OR INDUSTRY Carpentry			
21 RESIDENCE - NUMBER AND STREET 6402 South Junett				22 CITY/TOWN, OR LOCATION Tacoma		23 INSIDE CITY LIMITS? (YES/NO) Yes		24 COUNTY Pierce		25 STATE Wa.	
26 FATHER - NAME FIRST, MIDDLE, LAST Amos W. Jones						27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Mildred E. Vrieze					
28 INFORMANT NAME Mildred E. Jones - Mother				29 MAILING ADDRESS 6402 South Junett				TACOMA, WA.		98409	
30 BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) Burial		31 DATE (MO DAY YR) May 5, 1986		32 CEMETERY/CREMATORY - NAME New Tacoma Cemetary				33 LOCATION CITY/TOWN STATE Tacoma, Washington			
34 FUNERAL DIRECTOR SIGNATURE X <i>Myra Paulding</i>				35 NAME OF FACILITY Brookside Mortuary				36 ADDRESS OF FACILITY 9212 Chambers Creek Road W. Tacoma, Washington 98467			
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X						41 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 AND TITLE X <i>Dr. Lacsina</i> Medical Examiner					
38 DATE SIGNED (MO DAY YR) May 5, 1986				39 HOUR OF DEATH (24 HRS) 1725		42 DATE SIGNED (MO DAY YR) May 5, 1986		43 HOUR OF DEATH (24 HRS) 1725			
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) EMMANUEL Q. LACSINA, MD, Medical Examiner, 3629 South D Street, Tacoma, WA 98408						44 PRONOUNCED DEAD (MO DAY YR) May 1, 1986		45 HOUR PRONOUNCED DEAD (24 HRS) 1725			
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)											
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) Gunshot Wound to Chest DUE TO, OR AS A CONSEQUENCE OF (B) DUE TO, OR AS A CONSEQUENCE OF (C) 48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE Suicide 51 ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST (SPECIFY) 5-1-86 52 INJURY DATE (MO DAY YR) 1630 +- 53 HOUR OF INJURY (24 HRS) Self inflicted with .22 caliber gun 54 DESCRIBE HOW INJURY OCCURRED no 55 INJURY AT WORK? (YES/NO) no 56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG ETC (SPECIFY) home 57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE 6402 So. Junett, Tacoma, WA 58 REGISTRAR SIGNATURE 21 1986 <i>David Fiorino</i> 59 DATE RECEIVED (MO DAY YR) MAY 5 1986											
60. ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:											