

OFFICE
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TYPE OR PRINT IN PERMANENT BLACK INK

4692



146 8 38399

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First MILDRED Middle E. Last JONES		2. SEX (M / F) Female	3. DEATH DATE (Mo, Day, Yr) 12/13/1998				
4. AGE LAST BIRTH- DAY (Yrs) 90	5. UNDER 1 YEAR MOS DAYS 6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) 9/4/1908	8. BIRTHPLACE (City, State or Foreign Country) Preston, MN	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH Pierce		
11. CITY, TOWN OR LOCATION OF DEATH Puyallup		12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Regency Care Center at Puyallup		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. 477-12-4984	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 9th grade no College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Packer		19. KIND OF BUSINESS OR INDUSTRY Nalley Foods		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 4610 6th Place SE #205		23. CITY/TOWN, OR LOCATION Puyallup	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY Pierce	25B. LENGTH OF RES. IN CO. 55yrs	26. STATE WA	27. ZIP CODE 98373
28. FATHER'S NAME—FIRST, MIDDLE, LAST Frank Vrieze				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Gertrude Scheevel			
30. INFORMANT—NAME Beverly Daws		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 84136 Ave. 44 #397 Indio, CA 92203					
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) 12/16/98	34. CEMETERY/CREMATORY—NAME New Tacoma Cemetery		35. LOCATION—CITY/TOWN, STATE Tacoma, Washington		
36. FUNERAL DIRECTOR SIGNATURE X John Forber		37. NAME OF FACILITY Tacoma Cemeteries and Funeral Home		38. ADDRESS OF FACILITY 9212 Chambers Creek Road W Tacoma, Washington 98467-			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
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 [Signature] M.D.				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 [Signature]			
40. DATE SIGNED (Mo., Day, Yr) 12-15-98		41. HOUR OF DEATH (24 Hrs.) 0700		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Ladie Domondon, M.D. 800 S. Meridian Ave. Puyallup, WA 98371						49. ME/CORONER FILE NUMBER	
50. 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. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH	
		B. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH	
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) NO
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE			
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X [Signature]		63. DATE RECEIVED (Mo., Day, Yr.) DEC 15 1998	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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