

OFFICE
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223

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

1466 30747

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

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24.

1. NAME First Middle Last Elwood Alden IVERSON				2. SEX (M / F) M		3. DEATH DATE (Mo. Day, Yr) November 4, 1996					
4. AGE LAST BIRTH- DAY (Yrs) 63		5. UNDER 1 YEAR MOS DAYS HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) April 1, 1933		8. BIRTHPLACE (City, State or Foreign Country) Seattle, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Pacific	
11. CITY, TOWN OR LOCATION OF DEATH Ilwaco				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 checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Ocean Beach Hospital				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Marlene Christie		16. SOCIAL SECURITY NO. 539-28-9573		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Line Foreman		19. KIND OF BUSINESS OR INDUSTRY Electric Utility		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 28 Chinook Valley Road		23. CITY/TOWN, OR LOCATION Chinook		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Pacific		25B. LENGTH OF RES. IN CO. 3YRS		26. STATE WA	
27. ZIP CODE 98614		28. FATHER'S NAME—FIRST, MIDDLE, LAST Alden Iverson		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Lottie Elwood							
30. INFORMANT—NAME Marlene Iverson		31. MAILING ADDRESS P.O. Box 128		CITY OR TOWN Chinook		STATE WA		ZIP 98614			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) Nov. 6, 1996		34. CEMETERY/CREMATORY—NAME Hughes-Ransom Crematory		35. LOCATION—CITY/TOWN, STATE Astoria, Oregon					
36. FUNERAL DIRECTOR SIGNATURE x [Signature]		37. NAME OF FACILITY Penttila's Chapel by The Sea		38. ADDRESS OF FACILITY POB 417, Long Beach, WA 98631							
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] 40. DATE SIGNED (Mo., Day, Yr) 11/8/96 41. HOUR OF DEATH (24 Hrs.) 0116 42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Craig Wehrli, M.D., 500 N Lily Road, Olympia, WA 98503				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] 44. DATE SIGNED (Mo., Day, Yr) 45. HOUR OF DEATH (24 Hrs.) 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) Craig Wehrli, M.D., 500 N Lily Road, Olympia, WA 98503 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. Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF: B. Coronary Artery Disease DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D.				INTERVAL BETWEEN ONSET AND DEATH 6 months 10 yrs INTERVAL BETWEEN ONSET AND DEATH 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.) NOV 15 1996							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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