

CERTIFICATE OF DEATH

TYPE, OR PRINT IN
PERMANENT INK

1613

LOCAL FILE NUMBER

STATE FILE NUMBER 15147

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Charles		Stephen	FAHRER	2. Male	3. June 14, 1973		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 81	5b. MOS. DAYS	5c. HOURS MIN.	6. Sept. 4, 1891		7a. Spokane
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Spokane			7c. Yes 7d. N. 712 Nettleton St.				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Canada		9. USA		10. Married		11. Mamie Otelia Iverson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)			KIND OF BUSINESS OR INDUSTRY		
12. 536-05-1786		13a. Logger			13b. Various Companies		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Washington		14b. Spokane	14c. Spokane		14d. Yes 14e. N. 712 Nettleton St.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15. Phillip		Fahrer	16. Helena			Stephler	
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Pre-Need Arrangement				17b.			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) Congestive heart failure							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Spontaneous atherosclerotic heart disease							
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	AUTOPSY (YES OR NO)		
20a.		20b.		20c. M. 20d.	19a. NO		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		21b. TO		21c. AND LAST SAW HIM/HER ALIVE ON		21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a.		21b.		21c.		21d.	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a. June 14, 1973 8 A M.							
22b. June 14, 1973 8:45 A M.							
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Lois Ryan Shanks		23b. Lois Ryan Shanks, MD		23c. June 14, 1973		23d. June 14, 1973	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP	
23a. Public Safety Bldg		23b. 11116 Miller		23c. Spokane		23d. Wash 99201	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Burial		24b. Fairmount Memorial Terrace		24c. Spokane		24d. Wash.	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		24e. Hazen & Jaeger Funeral Homes, Inc.—N. 1306 Monroe St.—Spokane			
24a. June 16, 1973		24b. Hazen & Jaeger Funeral Homes, Inc.—N. 1306 Monroe St.—Spokane		24c. 99201			
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25a. Helen Hazen Rymond		25b. E. O. PLOECHER, M.D.		25c. 6-15-73			