

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

4253

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

4 36482

STATE FILE NUMBER

1. NAME First FRED Middle AUGUST Last SCHUMACHER	2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) November 30th 1994						
4. AGE LAST BIRTH-DAY (Yrs) 93	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) Oct. 24, 1901	8. BIRTHPLACE (City, State or Foreign Country) Winona County, 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 Rainier Vista Care Center			13. SMOKING IN LAST 15 YEARS? (Yes / No) No			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) MILDRED MAY CLAUSEN		16. SOCIAL SECURITY NO. 519-38-6581		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Farmer		19. KIND OF BUSINESS OR INDUSTRY Beef Cattle		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 7911 61st Ave. Court E.		23. CITY/TOWN, OR LOCATION Puyallup		24. INSIDE CITY LIMITS? (Yes / No) No	25A. COUNTY Pierce	25B. LENGTH OF RES. IN CO. 26 yrs	26. STATE WA	27. ZIP CODE 98371
28. FATHER'S NAME—FIRST, MIDDLE, LAST JULIUS BERNHARD SCHUMACHER				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME MARIE REGINA PAGEL				
30. INFORMANT—NAME BETTY LARSON: DAUGHTER				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 2500 Alder Street, #210 - Milton, Washington 98354				
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Removal		33. DATE (Mo, Day, Yr) Dec. 3, 1994		34. CEMETERY/CREMATORY—NAME Davis Mortuary		35. LOCATION—CITY/TOWN, STATE 170 Idaho American Falls, ID. 83211		
36. FUNERAL DIRECTOR SIGNATURE <i>David A. Davies</i>		37. NAME OF FACILITY Hill Funeral Home		38. ADDRESS OF FACILITY 217 E Pioneer Ave Puyallup, Washington 98372				
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 <i>Charles D. Jacobson</i> / 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				
40. DATE SIGNED (Mo., Day, Yr) 12/2/94		41. HOUR OF DEATH (24 Hrs.) 2021		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) Charles D. Jacobson, M.D. 800 S. Meridian				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) Nichol T. Iverson, M.D. : 800 South Meridian Street - 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. occluding stroke DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH hours		INTERVAL BETWEEN ONSET AND DEATH years		
		B. Generalized atherosclerosis DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH		
		C. Hypertension DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH		INTERVAL BETWEEN ONSET AND DEATH		
		D.		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		63. DATE RECEIVED (Mo., Day, Yr.) DEC - 2 1994				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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