

## CERTIFICATE OF DEATH

STATE FILE NUMBER

319

LOCAL 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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1. NAME First Middle Last Clifford James Anderson				2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) September 18, 1999									
4. AGE LAST BIRTH- DAY (Yrs) 86		5. UNDER 1 YEAR MOS DAYS 6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) Dec. 6, 1912		8. BIRTHPLACE (City, State or Foreign Country) Harlem, Montana		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Grant					
11. CITY, TOWN OR LOCATION OF DEATH Moses Lake				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" 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 4524 Lakeshore Drive						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) Helen M. Spinner		16. SOCIAL SECURITY NO. 517-44-6721		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 4							
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Administrator				19. KIND OF BUSINESS OR INDUSTRY U.S. Dept. of Agriculture		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 4524 Lakeshore Drive				23. CITY/TOWN, OR LOCATION Moses Lake		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Grant		25B. LENGTH OF RES. IN CO. 25 yrs		26. STATE WA		27. ZIP CODE 98837	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Albert Anderson						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Mary Tollefson									
30. INFORMANT—NAME Helen M. Anderson				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 4524 Lakeshore Drive, Moses Lake, Washington 98837											
32. BURIAL CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo. Day, Yr) Sept. 25, 1999		34. CEMETERY/CREMATORY—NAME Twin Bridges Cemetery				35. LOCATION—CITY/TOWN, STATE Twin Bridges, Montana							
36. FUNERAL DIRECTOR SIGNATURE Derald W. Kayser				37. NAME OF FACILITY Kayser's Chapel of Memories, Inc.				38. ADDRESS OF FACILITY 831 S. Pioneer Way Moses Lake, Washington 98837							
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 Steven Warner 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) 9/20/99				41. HOUR OF DEATH (24 Hrs.) 1455		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) Steven Warner, M.D., 844 E. Hill Ave., Moses Lake, Washington 98837						49. MECORONER 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. Cancer - unknown primary - Liver B. DUE TO, OR AS A CONSEQUENCE OF: C. DUE TO, OR AS A CONSEQUENCE OF: D. DUE TO, OR AS A CONSEQUENCE OF: INTERVAL BETWEEN ONSET AND DEATH: 7/21/99															
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Coronary Artery Disease						52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes							
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 Vicki A. Kimball Deputy Registrar				63. DATE RECEIVED (Mo., Day, Yr.) SEP 20 1999							