WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION
CERTIFICATE OF DEATH

REG. DIST. NO. 5796
REGISTRAR'S NO. 5796
STATE FILE NO. 21634

1. PLACE OF DEATH
a. COUNTY: King
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
c. LENGTH OF STAY (In this place): 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Concord Rest Home 13408 Greenwood Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): 4134 - 11th Ave. N. E.

1-20-1

3. NAME OF DECEASED (Type or print): a. (First) MARGARET b. (Middle) c. (Last) PEARCE

4. DATE OF DEATH (Month) (Day) (Year): Dec. 7, 1954

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 12, 1873

9. AGE (In years last birthday): 81
If Under 1 Yr. Months / Days
If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswfe.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Indianola, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Richey

14. MOTHER'S MAIDEN NAME: Clara Taylor

7-47-1

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17 INFORMANT: Loren S. Pearce (Son)

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Due to (b) Arteriosclerosis — 6 mo.

Due to (c) Senile dementia — 2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture of surgical neck Rt. Femur — Sept. 1954

19a DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Fracture surgical neck rt. femur per. Sept. 24. Dr. H. Leavitt

20. AUTOPSY? Yes ☐ No ☑

21a. ACCIDENT (Specify) SUICIDE / HOMICIDE: Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Seattle King Wash

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 17 1954 ? m.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?: Slipped off stepladder & fell to floor

22. I hereby certify that I attended the deceased from Sept. 17, 1954, to Dec. 8, 1954, that I last saw the deceased alive on Nov. 24, 1954, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Paul P. VanArsdel M.D.

23b. ADDRESS: 427 Stimson Bldg. Seattle

23c. DATE SIGNED: Dec. 9'54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 12/10/54

24c. NAME OF CEMETERY OR CREMATORY: Washelli Crematory

24d. LOCATION (City, town, or county) (State): Seattle, Washington

DEC 10 1954

DATE REC'D BY LOCAL REG.: DEC 9 1954

REGISTRAR'S SIGNATURE: S. P. Lehman

25. FUNERAL DIRECTOR ADDRESS: Wiggen & Sons Mortuary, Seattle, Wash.

Rolf Wiggen # 748