

CERTIFICATE OF DEATH

9 15918

LOCAL FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST

HORTON J. BOAL

2. SEX

MALE

3. DEATH DATE (Mo., Day, Yr.)

JUNE 3, 1989

146

STATE FILE NUMBER

4. AGE LAST BIRTH-
DAY (Yrs)

69

5. UNDER 1 YEAR

MOS

DAYS

6. UNDER 1 DAY

HOURS

MINS

7. BIRTHDATE (Mo., Day, Yr.)

Mar. 5, 1920

8. BIRTH STATE (If not in
USA give country)

Colorado

9. CITIZEN OF WHAT COUNTRY?

USA

10. COUNTY OF DEATH

Whatcom

11. CITY, TOWN OR LOCATION OF DEATH

Bellingham

12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME

St. Francis Extended Health Care

13. SMOKING IN LAST
15 YEARS? (Yes/No)

yes

14. MARITAL STATUS — Married
Never Married, Widowed,
Divorced

married

15. SURVIVING SPOUSE (If wife, give maiden name)

Etta L. Wilson

16. WAS DECEDENT
EVER IN U.S. ARMED
FORCES? (Yes/No)

yes

17. SOCIAL SECURITY NO.

532-14-1877

18. HIGH SCHOOL
GRADUATE? (Yes/No)

yes

19. USUAL OCCUPATION (Give kind of work
done during most of working life. DO NOT
USE RETIREMENT)

Store Manager

20. KIND OF BUSINESS OR INDUSTRY

Washington State

Liquor Control Board

21. Was Decedent of Hispanic Origin or descent? (Ancestry)
(Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican,
etc.)1. ☐ Yes

XX

22. RACE (White, Black, Asian or Pacific
Islander, Am. Ind., Hispanic, etc.)
(Specify)

White

23. RESIDENCE—NUMBER AND STREET

2010 Huron

24. CITY/TOWN OR LOCATION

Bellingham

25. INSIDE CITY
LIMITS? (Yes/No)

yes

26. COUNTY

Whatcom

27. STATE

WA

28. ZIP CODE

98226

29. FATHER'S NAME—FIRST, MIDDLE, LAST

William Cody Boal

30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME

Elva Irene Day

31. INFORMANT—NAME

Etta Boal

32. MAILING ADDRESS

2010 Huron, Bellingham, Washington 98225

33. BURIAL, CREMATION,
REMOVAL, OTHER (Specify)

Cremation

34. DATE (Mo., Day, Yr.)

June 6, 1989

35. CEMETERY/CREMATORY—NAME

Greenacres Crematorium

36. LOCATION—CITY/TOWN, STATE

Ferndale, Washington

37. FUNERAL DIRECTOR
SIGNATUREX *Paul V. Spinelli*

38. NAME OF FACILITY

JONES FUNERAL HOME

39. ADDRESS OF FACILITY

322 East Holly Street
Bellingham, Washington 98225

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

40. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE
CAUSE(S) STATED

SIGNATURE AND TITLE

X

42. DATE SIGNED (Mo., Day, Yr.)

June 5, 1989

43. HOUR OF DEATH (24 Hrs.)

0925

44. DATE SIGNED (Mo., Day, Yr.)

June 5, 1989

45. HOUR OF DEATH (24 Hrs.)

0925

46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

KARL K. KUTNERIAN MD

47. PRONOUNCED DEAD (Mo., Day, Yr.)

June 5, 1989

48. HOUR PRONOUNCED DEAD
(24 Hrs.)

0925

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)

JOHN W. ARNOLD MD 800 East Chestnut, Bellingham, Washington 98225

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE.
LIST ONLY ONE CAUSE ON EACH LINEIMMEDIATE CAUSE (Final disease or
condition resulting in death).
Sequentially list conditions, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (Disease or in-
jury which initiated events resulting in
death) LAST(A) *Recurrent @ Cerebral Infarction*
DUE TO OR AS A CONSEQUENCE OF:
(B) *@ basal pneumonia*
DUE TO, OR AS A CONSEQUENCE OF:
(C) *Diabetes Mellitus*INTERVAL BETWEEN ONSET
AND DEATHINTERVAL BETWEEN ONSET
AND DEATHINTERVAL 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 COR-
ONER? (Yes, No)

no

54. ACC. SUICIDE, HO, 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. REGISTRAR
SIGNATURE

X

62. DATE RECEIVED (Mo., Day, Yr.)

JUN 06 1989