

0878

LOCAL FILE NUMBER

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NUMBER

7586

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
1. Christopher		Hansen			2. Male	3. March 17, 1973			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS))		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)			
4. White		5a. 83		5b. MOS. DAYS		6. June 26, 1889			
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)					
7b. Spokane		7c. Yes		7d. Veterans Administration Hospital					
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. Norway		9. USA		10. Widowed		11. 7			
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 03 0999		13a. Laborer		13b. Panhandle Sawmill 4/20/73					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER			
14a. Washington		14b. Pend Oreille		14c. Ione		14d. Box 273			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST		
15. Hans C. Hansen					16. Emma		Unobt.		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
17a. Melvina Smith				17b. Ione, Wash. 99139					
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE									
(a) Probable Pnuemonia		DUE TO, OR AS A CONSEQUENCE OF:					Days		
(b) Congestive Heart Failure		DUE TO, OR AS A CONSEQUENCE OF:					Days		
(c)									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
Anemia, Uremia, Hypokalemia, Fracture Right Femur							19a. No	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a. Accident		20b. Feb. ?, 1973		20c. Unobt. M.		20d. Fell @ Home			
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. no		20f. Home 0		20g. Ione, WA					
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. VA ATTENDED FROM		2/22/73		21b. 3/17/73		21c. / / / / /		21d. Did not	21e. 4:45 A.M.
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.		HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD		MONTH DAY YEAR		HOUR	
22a.		M. 22b.		M. 22b.		M. 22b.		M.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)			
23a. V. A. Hospital		23b. PETER GRABICKI, M.D.		Staff Surgeon		3-21-73			
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP	
23d. V. A. Hospital		N. 4815 Assembly St.		Spokane, Wash.		99208		ZIP	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE	
24a. Burial		24b. Riverside Cemetery		24c. Ione Wash					
DATE		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. Mar 21 1973		25a. Sherman Funeral Home Box 10 Newport Wa 99156							
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR					
25b. David Sherman		26a. E. O. PLOEGER, M.D.		26b. 3-27-73					