

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NUMBER 19834

OR PRINT IN
MANENT INK

LOCAL FILE NUMBER

28-400

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Sophie		K.		Fouts		Female		August 30, 1978			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. White		5a. 83		5b. 11 4		5c. 5c.		6. Sept. 26, 1894		7a. Whatcom	
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. Bellingham				7c. Yes		7d. St. Luke's General 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. South Dakota		9. U.S.A.		10. Widowed		11. None					
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY							
12. 531-48-4259		13a. Housewife		13b. Homemaker							
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER			
14a. Washington		14b. Whatcom		14c. Bellingham		14d. Yes		14e. 1819 F St.			
FATHER—NAME		FIRST		MIDDLE		LAST		MOTHER—MAIDEN NAME			
15. Fredrick		Rauch		Kate		Reich					
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
17a. Catherine Fouts				17b. 1625 "H" St. Apt. 4 Sacramento, Calif. 95814							
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) <i>Vascular Collapse - Cause unknown</i>									12hr		
DUE TO, OR AS A CONSEQUENCE OF:											
(b) <i>Arterio-sclerotic disease</i>											
DUE TO, OR AS A CONSEQUENCE OF:											
(c)											
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST											
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		1. <i>Fracture of hip - prosthesis 2/10 VA - Hemiplegia</i>							AUTOPSY (YES OR NO) 19a. No		
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 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. 8-17-78		20c. ?		20d. Patient fell					
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		20g. Bellingham, WA							
CERTIFICATION—PHYSICIAN:		MONTH		DAY		YEAR		AND LAST SAW HIM/HER ALIVE ON		I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21a. I ATTENDED THE DECEASED FROM		10-21-59		21b. 06-30-78		21c. 08-29-78		21d. did not		21e. 1:30P	
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	
22a.		22b.		22c.		22d.		22e.		22f.	
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)					
23a. Dr. Brinson		23b.		23c. M.D.		23d. Sept. 5, 1978					
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		ZIP			
23a. G-19 Medical Center		23b. Bellingham		23c. Washington		23d. 98225					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE			
24a. Burial		24b. Bayview Cemetery		24c. Bellingham		24d. Washington					
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
24d. Sept. 1, 1978		24e. Westford Funeral Home		1301 Broadway Bellingham, WA.		24f. 98225					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR							
25a.		25b.		25c. SEP 5 1978							