WASHINGTON STATE DEPARTMENT OF HEALTH—BUREAU OF VITAL STATISTICS

STATE FILE NO. 15615

REG. DIST NO. 5484

CERTIFICATE OF DEATH

REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: King
b. CITY, TOWN, OR LOCATION: Renton
c. LENGTH OF STAY IN 1b: 4 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Rentona Nursing Home
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: King
c. CITY, TOWN, OR LOCATION: Maple Valley
d. STREET ADDRESS: Rt. 2, Box 770
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [ ] No [X]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Elmer; Middle: ; Last: MacDonald

4. DATE OF DEATH: Month: July; Day: 24; Year: 1967

5. SEX: M

6. COLOR OR RACE: W

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH: 6-11-80

9. AGE (In years last birthday): 87

If Under 1 Year: Months: ; Days: ; If Under 24 Hrs.: Hours: ; Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY: Renton car shop

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George MacDonald

14. MOTHER'S MAIDEN NAME: Annie -----

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

16. SOCIAL SECURITY NO.: 537-05-4629

17. INFORMANT: George MacDonald
Address: 2d

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonitis Acute — INTERVAL BETWEEN ONSET AND DEATH: 4 days.
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cancer of the Prostate.
DUE TO (c) Generalized Arteriosclerosis — AUG 14 1967
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes [ ] No [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY: Hour a. m. p. m.; Month, Day, Year

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION; COUNTY; STATE

21. I attended the deceased from 2 May 67, to 24 July 67 and last saw ~~her~~ him alive on 22 July 67
Death occurred at 5:25 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Jesse L Yorborough M.D. (Degree or title)
22b. ADDRESS: 120 Northgate Plaza, Seattle
22c. DATE SIGNED: 24 July 67

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: 7-27-67
23c. NAME OF CEMETERY OR CREMATORY: Bleit
23d. LOCATION (City, town, or county) (State): Seattle, Wn.

24. FUNERAL DIRECTOR: BLEITZ FUNERAL HOME
ADDRESS: Seattle

25. DATE REC'D BY LOCAL REG.: JUL 26 1967

26. REGISTRAR'S SIGNATURE: B. P. Rehrman M.D.

S. F. No. 7784—1-66—75M. 5458.