WASHINGTON STATE DEPARTMENT OF HEALTH

REG. DIST NO. D-1

CERTIFICATE OF DEATH

STATE FILE NO. 11568

REGISTRAR'S NO. 139

1. PLACE OF DEATH
a. COUNTY: Chelan
b. CITY, TOWN, OR LOCATION: Wenatchee
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): St. Anthony's Hospital
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: Douglas
c. CITY, TOWN, OR LOCATION: Rock Island
d. STREET ADDRESS: Rt. 5, Wenatchee, Washington
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [ ] No [X]
f. IS RESIDENCE ON A FARM? Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First EVALINE Middle DOROTHY Last BLOCHER

4. DATE OF DEATH: Month June Day 21, Year 1960

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: 9-27-1896

9. AGE (In years last birthday): 63

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): homemaker

10b. KIND OF BUSINESS OR INDUSTRY: own home

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

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thomas Cox

14. MOTHER'S MAIDEN NAME: Kate Cretcher

4201

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO. (If yes, give war or dates of service):

17. INFORMANT Address: Jess Blocher, Rt. 5, Wenatchee, Wn.

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): EARLY POST-LAT. LEFT MYOCARDIAL INFARCTION
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): THROMBOSIS CIRCUMFLEX CORONARY ART.
DUE TO (c): CORONARY ATHEROSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH: HOURS / DAYS / YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

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

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

JUL 13 1960

21. I attended the deceased from 9:30 AM 22, to JUN 1960 and last saw him/her alive on
Death occurred at 6:58 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert W Bonfaci M.D.

22b. ADDRESS: Wenatchee, Washington

22c. DATE SIGNED: 6-22-1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 6-24-60

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

23d. LOCATION (City, town, or county) (State): Wenatchee, Wash.

24. FUNERAL DIRECTOR ADDRESS: Jones & Jones, Wenatchee, Wn.

25. DATE REC'D BY LOCAL REG.: 6-22-60

26. REGISTRAR'S SIGNATURE: S. O. Klein, M.D.

S. F. No. 7784—7-58—80M. 53696.