WASHINGTON STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

REG. DIST NO. 11-1 STATE FILE NO. 25389 REGISTRAR'S NO. 202

1. PLACE OF DEATH
a. COUNTY: Whatcom
b. CITY, TOWN, OR LOCATION: Lynden
c. LENGTH OF STAY IN 1b: 18 months
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): Christian Home
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Wash b. COUNTY: Whatcom
c. CITY, TOWN, OR LOCATION: Ferndale
d. STREET ADDRESS: 479 Vista Drive
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐
f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEWIS Middle E. Last CHICHESTER

4. DATE OF DEATH: Month 12 Day 31 Year 58

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 1-3-1868

9. AGE (In years last birthday): 90

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): Owner

10b. KIND OF BUSINESS OR INDUSTRY: dairy farm

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: James Chichester

14. MOTHER'S MAIDEN NAME: Abby Jamkin

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Cecil Manna Address: Ferndale, Wash. 4330

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): Acute Cardiac Standstill — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial Arteriosclerosis — 15 yrs.
DUE TO (c):
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 ☒

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

JAN 12 1959

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 1954, to 1958 and last saw him alive on 12/24/58
Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Charles R Vens MD

22b. ADDRESS: Ferndale Wn

22c. DATE SIGNED: 12/58

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 1-5-59

23c. NAME OF CEMETERY OR CREMATORY: Enterprise

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

24. FUNERAL DIRECTOR: JOHN-BOB MOLES ADDRESS: Ferndale, Wash.

25. DATE REC'D BY LOCAL REG.: JAN 5 1959

26. REGISTRAR'S SIGNATURE

FUNERAL DIRECTORS

S. F. No. 7784—11-56—150M. 46986.