

83 - 64

VITAL RECORDS

CERTIFICATE OF DEATH

3 26302

LOCAL FILE NUMBER

1 NAME - FIRST, MIDDLE, LAST Thomas Warren Darby				2 SEX M		3 DEATH DATE (MO DAY YR) Nov28,1983		146-8		STATE FILE NUMBER	
4 RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) White		5 AGE - LAST BIRTH- DAY (YRS) 83		6 UNDER 1 YEAR MOS. DAY		7 UNDER 1 DAY HOURS MINS.		8 BIRTHDATE (MO DAY YR) Aug 21.1900		9 COUNTY OF DEATH Lincoln	
10 CITY, TOWN OR LOCATION OF DEATH Wilbur				11. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME Bell's Trailer Court				12 RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? No YES/NO			
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) Missouri		14 CITIZEN OF WHAT COUNTRY US		15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		16 SPOUSE (IF WIFE GIVE MAIDEN NAME) Beatrice B. Shanks		17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) No			
18 SOCIAL SECURITY NO. 524 14 5343				19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) Fruit Work				20 KIND OF BUSINESS OR INDUSTRY Orchards			
21 RESIDENCE - NUMBER AND STREET Bells Trlr Court				22 CITY/TOWN, OR LOCATION Wilbur		23 INSIDE CITY LIMITS? (YES/NO) Yes		24 COUNTY Lincoln		25 STATE Wa	
26 FATHER - NAME FIRST, MIDDLE, LAST Jomes Oliver Darby						27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST Jessie Best					
28 INFORMANT - NAME Beatrice B. Darby				29 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP PO Box 530 Wilbur, Wa 99185							
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) Burial				31 DATE (MO DAY YR) Dec 2, 1983		32 CEMETERY/CREMATORY - NAME Wilbur Cemetery		33 LOCATION - CITY/TOWN, STATE Wilbur Wa 99185			
34 FUNERAL DIRECTOR SIGNATURE X				35 NAME OF FACILITY Robertson Funeral Home				36 ADDRESS OF FACILITY Wilbur, Wa 99185			
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE X John E. Anderson M.D.						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X					
38 DATE SIGNED (MO DAY YR) November 29 1983						39 HOUR OF DEATH (24 HRS)		42 DATE SIGNED (MO DAY YR)		43 HOUR OF DEATH (24 HRS)	
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) November 29, 1983.						44 PRONOUNCED DEAD (MO DAY YR)		45 HOUR PRONOUNCED DEAD (24 HRS)			
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) John E. Anderson M.D. Wilbur, Wa 99185											
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))											
(A) Coronary occlusion										INTERVAL BETWEEN ONSET AND DEATH 3 hours	
(B) Arteriosclerotic heart disease										INTERVAL BETWEEN ONSET AND DEATH	
(C)										INTERVAL BETWEEN ONSET AND DEATH	
48 OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.								49 AUTOPSY? (YES/NO) N/O		50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)	
51 ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)		52 INJURY DATE (MO DAY YR)		53 HOUR OF INJURY (24 HRS.)		54 DESCRIBE HOW INJURY OCCURRED.					
55 INJURY AT WORK? (YES/NO)		56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)						57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
58 REGISTRAR SIGNATURE X Mrs Elizabeth A. Beebe RN										59 DATE RECEIVED (MO DAY YR) 1 December 1983	
FOR STATE REGISTRAR USE ONLY		ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:		ITEM	