WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. 21 STATE FILE NO. 23969 REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: Snohomish
b. CITY (If outside corporate limits, write RURAL) OR TOWN: Everett (Rural)
c. LENGTH OF STAY (in this place): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1, Box 835

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Washington b. COUNTY: Snohomish
c. CITY (If outside corporate limits, write RURAL) OR TOWN: Everett (Rural)
d. STREET (If rural, give location) ADDRESS: Route 1, Box 835

3. NAME OF DECEASED (Type or print): a. (First) Conrad b. (Middle) M. c. (Last) Tastad

4. DATE OF DEATH: (Month) (Day) (Year) 12-12-1955

5. SEX: male | 6. COLOR OR RACE: white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married | 8. DATE OF BIRTH: 6-9-1888 | 9. AGE (In years last birthday): 67 | If Under 1 Yr. Months / Days | If Under 24 Hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: poultry
11. BIRTHPLACE (State or foreign country): Stavanger, Norway
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Johnson
14. MOTHER'S MAIDEN NAME: Bertha (No record)

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.: unknown
17. INFORMANT: Mrs. Anna Tastad

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) Coronary Sclerosis — 5 yrs
Due to (c) Uremia — Tuesday

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Softness

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1954, 19__, to 12-10, 19 55, that I last saw the deceased alive on 12-10, 19 55, and that death occurred at Am., from the causes and on the date stated above.

23a. SIGNATURE: J. Stenell M D (Degree or title)
23b. ADDRESS: 3202 Colby, Everett, Wash.
23c. DATE SIGNED: 12/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-14-1955
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Everett, Washington

DATE REC'D BY LOCAL REG. 12/14/55
REGISTRAR'S SIGNATURE: B. Smith

25. FUNERAL DIRECTOR ADDRESS: Purdy & Walters, Inc., Everett

DEC 19 1955