OFFICE USE ONLY

00278
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

1 21404

146
STATE FILE NUMBER

DECEDENT

1. NAME—FIRST, MIDDLE, LAST	2. SEX	3. DEATH DATE (Mo., Day, Yr.)
Edgar Herman PUST	Male	July 6, 1991

4. AGE LAST BIRTHDAY (Yrs)	5. UNDER 1 YEAR MOS.	DAYS	6. UNDER 1 DAY HOURS	MINS.	7. BIRTHDATE (Mo., Day, Yr.)	8. BIRTH STATE (If not in USA give country)	9. CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
77					Dec. 3, 1913	Minnesota	U.S.A.	Lewis

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG RM/OUT PTN 4. ☐ HOSP. 5. ☒ NUR. HOME 6. ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes/No)
Centralia	Riverside Health Care Center	No

14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No)	17. SOCIAL SECURITY NO.	18. HIGH SCHOOL GRADUATE? (Yes/No)
Married	Margaret Dodds	No	518-18-4445	Yes

19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	20. KIND OF BUSINESS OR INDUSTRY	21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. ☐ Yes ☒ No	22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc (Specify)
Property Development	Self Employed		White

23. RESIDENCE - NUMBER AND STREET	24. CITY/TOWN, OR LOCATION	25. INSIDE CITY LIMITS? (Yes/No)	26. COUNTY	27. STATE	28. ZIP CODE
3130 36th Avenue N.W.	Olympia	no	Thurston	Washington	98502

PARENTS

29. FATHER'S NAME—FIRST, MIDDLE, LAST	30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
John R. Pust	Anna Helle

DISPOSITION

31. INFORMANT—NAME	32. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Margaret Pust	3130 36th Ave N.W.	Olympia	Washington	98502

33. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	34. DATE (Mo. Day. Yr.)	35. CEMETERY/CREMATORY—NAME	36. LOCATION—CITY/TOWN, STATE
Burial	Jul 11, 1991	Olympic Memorial Gardens	Tumwater, Washington

37. FUNERAL DIRECTOR SIGNATURE	38. NAME OF FACILITY	39. ADDRESS OF FACILITY
X [signature]	MILLS & MILLS FUNERAL DIRECTORS	414 S. Franklin St. Olympia WA

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
40. 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 Harly D. Miller, MD	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
42. DATE SIGNED (Mo., Day, Yr.): July 8 1991	43. HOUR OF DEATH (24 Hrs.): 1754
44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	47. PRONOUNCED DEAD (Mo., Day, Yr.)
	48. HOUR PRONOUNCED DEAD (24 Hrs.)

49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
Harly D. Miller M.D. 1299 Bishop Road, Chehalis, Washington 98531

CAUSE OF DEATH

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Cardiac Arrest	Sudden
DUE TO, OR AS A CONSEQUENCE OF (B)	Coronary Artery Disease	Months
DUE TO, OR AS A CONSEQUENCE OF (C)	Elevated Cholesterol	Yrs

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE	52. AUTOPSY? (Yes, No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No)
A/Z heimer's	No	Yes

54. ACC., SUICIDE, HO., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED
no			

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

61. REGISTRAR SIGNATURE	62. DATE RECEIVED (Mo., Day, Yr.)
X Edmond A. Bell M.D.	JUL 12 1991

DOH 110-008 (Rev. 8/89) (formerly DSHS 9-150)