DSHS 9-150 (REV. 4-78)
(HEA-195)
TYPE: OR PRINT IN
PERMANENT INK

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER 1550 1970

STATE FILE NUMBER 16702

DECEASED

1 DECEASED · NAME (FIRST / MIDDLE / LAST)	2 SEX	3 DATE OF DEATH (MONTH, DAY, YEAR)
Robert Dean FLUAITT	Male	June 28, 1979

4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	5a AGE · LAST BIRTHDAY (YEARS)	5b UNDER 1 YEAR MOS / DAYS	5c UNDER 1 DAY HOURS / MIN	6 DATE OF BIRTH (MONTH, DAY, YEAR)	7a COUNTY OF DEATH
White	66			May 30, 1913	Spokane

7b CITY, TOWN OR LOCATION OF DEATH	7c INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d HOSPITAL OR OTHER INSTITUTION · NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)
Spokane	Yes	Madison North Conv. Center

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPECIFY)	11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Montana	U.S.A.	Married	Virginia Metcalf

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION →

12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)	13b KIND OF BUSINESS OR INDUSTRY
536-05-7790	Warehouseman	Plumbing Supply

14a RESIDENCE · STATE	14b COUNTY	14c CITY, TOWN, OR LOCATION	14d INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e STREET AND NUMBER
Washington	Spokane	Spokane	Yes	E. 2008 Bismark

PARENTS

15 FATHER · NAME (FIRST / MIDDLE / LAST)	16 MOTHER · MAIDEN NAME (FIRST / MIDDLE / LAST)
Nelson Fluaitt	Elizabeth Anderson

17a INFORMANT · NAME	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Virginia L. Fluaitt	E. 2008 Bismark, Spokane, Washington 99207

CAUSE

PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Atherosclerotic Cerebrovascular Disease	
DUE TO OR AS A CONSEQUENCE OF		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	(b)	
DUE TO, OR AS A CONSEQUENCE OF		
	(c)	

PART II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART 1 (a)

Chronic Obstructive Pulmonary Disease

19a AUTOPSY (YES OR NO)	19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
No	

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b DATE OF INJURY (MONTH, DAY, YEAR)	20c HOUR	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M	

20e INJURY AT WORK (SPECIFY YES OR NO)	20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)	20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

JUL 24 1979

CERTIFIER

21a CERTIFICATION — PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO 21b (MONTH, DAY, YEAR)	AND LAST SAW HIM/HER ALIVE ON 21c (MONTH, DAY, YEAR)	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED (HOUR)	AT THE PLACE OF THE DATE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED
9 10 78	6 28 79	6 27 79	No	21e 9:55A M	

22a CERTIFICATION — CORONER ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED	HOUR OF DEATH	22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
	M.	M.

23a CERTIFIER — NAME (TYPE OR PRINT)	23b SIGNATURE	DEGREE OR TITLE	23c DATE SIGNED (MONTH, DAY, YEAR)
DAVID R RUIZ, MD		MD	6/28/79

23d MAILING ADDRESS — CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE	ZIP
So. 511 Pine Street,	Spokane,	WA	99202

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY)	24b CEMETERY OR CREMATORY — NAME	24c LOCATION (CITY OR TOWN, STATE)
Burial	Greenwood Memorial Terrace	Spokane, Washington

24d DATE (MONTH, DAY, YEAR)	25a FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
July 2, 1979	Hazen & Jaeger Funeral Home, N. 1306 Monroe, Spokane, Wa. 99201

25b FUNERAL DIRECTOR — SIGNATURE	26a REGISTRAR — SIGNATURE	26b DATE RECEIVED BY LOCAL REGISTRAR
Helen Hazen Rymond	M. MARASHI, M. D.	JUN 29 1979