

OR PRINT IN
PERMANENT INK

LOCAL FILE NUMBER

6933

CERTIFICATE OF DEATH

6933

STATE FILE NUMBER

20539

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. HENRIETTA DOROTHY STANG					Female	August 30, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
a. White		85		MO. 5b	DAYS 5c	24 June 1883	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Seattle		7c. Yes		7d. West Seattle General Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Norway		9. U.S.A.		10. Widowed		11. 5320	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. Unknown		13a. Housewife		13b. At home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		
14a. Wash.		14b. King	14c. Seattle		14d. Yes		
				14e. 7125 Fauntleroy Wy SW			
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		
15. Edward Rostad					16. Anna Linchusen 5410		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Henrietta D. Stang, self.				17b. 7125 Fauntleroy, Way, S.W., Seattle, Wn.			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							
18. IMMEDIATE CAUSE							
5320 (a) Gastrointestinal hemorrhage							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Duodenal ulcer							
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 I (a)							
Laennec cirrhosis							
AUTOPSY (YES OR NO)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH					
19a. NO		19b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.		20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON		DEATH OCCURRED
21a. 6 4 68		TO	21b. 8/30/68	21c. 8/30/68	21d. did		21e. 8:45A
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.							
22a.							
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Wilbur J. Springer, M.D.				23b. Wilbur Springer, M.D.		23c. 8/30/68	
MAILING ADDRESS—CERTIFIER				CITY OR TOWN		STATE	
23d. 6040 California Ave. S.W.				Seattle		WA 98116	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. Cremation		24b. Bleitz Crematory		24c. Seattle		Washington	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Sept. 3, 1968		24e. Bleitz Funeral Home, 316 Florentia St. Seattle 98109					
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Lynn L. Fullerton				25b. E.P. Lehman M.D.		25c. SEP 3 - 1968	

DECEASED

AL RESIDENCE
RE DECEASED
IF DEATH
OCCURRED IN
INSTITUTION, GIVE
DENCE BEFORE
SSION.

PARENTS

CAUSE

CERTIFIER

BURIAL