

## WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## BUREAU OF VITAL STATISTICS

LOCAL FILE NUMBER **7507** CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. SIGNA (NMI)		JASPER			Female	October 7, 1974	
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4 White		5a 73		5c July 31, 1901		7a King	
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 No		7d D.I.E. Burien 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 Married		11 Hubert F. Jasper	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12 535-12-4266-A		13a Production Worker		13b The Boeing Co. -- Aircraft			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a Washington		14b King	14c Seattle		14d No		14e 13205 - 1st S. W.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME FIRST MIDDLE LAST		
15 Martin		Gilbertson			16 Anna Marie Jensen		
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a Mr. Hubert F. Jasper, Husband				17b 13205 - 1st S. W., Seattle, Washington 98146			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c); APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
18 IMMEDIATE CAUSE							
(a) <i>Coronary Artery</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(b) <i>Arteriosclerotic cardiovascular disease</i>							
DUE TO, OR AS A CONSEQUENCE OF							
(c) <i>Uteral pneumonia</i>							
PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a);							
AUTOPSY (YES OR NO)							
19a No							
IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH							
19b							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I (a), (b), AND (c);		
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, ZIP)			
20e		20f		20g			
CERTIFICATION—PHYSICIAN: (1) ATTENDED THE DECEASED FROM							
21a 9 20 57 TO 10 7 74							
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)							
23a James E. Arnot, M.D.							
SIGNATURE							
23b							
DEGREE OR TITLE							
23c							
DATE SIGNED (MONTH, DAY, YEAR)							
23d 10-8-74							
MAILING ADDRESS—CERTIFIER							
23e 15723 1st Ave. So., Seattle, Washington 98148							
BURIAL, CREMATION, REMOVAL (SPECIFY)							
24a Burial							
24b Riverton Crest Cemetery							
24c Seattle							
24d Washington							
DATE (MONTH, DAY, YEAR)							
24d October 11, 1974							
FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)							
25a YARINGTON'S White Center Funeral Home, Inc. 13708 16th S.W. Seattle, Wa. 98146							
FUNERAL DIRECTOR—SIGNATURE							
25b Stewart Collins F-900							
REGISTRAR—SIGNATURE							
26a							
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT							
26b OCT - 9 1974							

DECEASED

USUAL RESIDENCE  
HERE DECEASED  
VED. IF DEATH  
OCCURRED IN  
STITUTION, GIVE  
SIDENCE BEFORE  
MISSION.

PARENTS

CAUSE

CERTIFIER

NOV

BURIAL