

FIGURE ONLY

## STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

830 VITAL RECORDS  
CERTIFICATE OF DEATH0855  
LOCAL FILE NUMBER

DECEASED	1. NAME - FIRST, MIDDLE, LAST <i>Julius Melvin IVERSON</i>		2. SEX <i>M</i>		3. DEATH DATE (MO DAY YR) <i>Mar. 28, 1984</i>		146-8	
	4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)) <i>White</i>		5. AGE - LAST BIRTHDAY (YRS) <i>91</i>		6. UNDER 1 YEAR MOS. DAYS		7. UNDER 1 DAY HOURS MINS.	
	8. BIRTHDATE (MO DAY YR) <i>Apr. 16, 1892</i>		9. COUNTY OF DEATH <i>Spokane</i>		STATE FILE NUMBER <i>07791</i>			
	10. CITY, TOWN OR LOCATION OF DEATH <i>Spokane</i>		11. PLACE OF DEATH <input checked="" type="checkbox"/> HOME <input type="checkbox"/> INTRANSPORT <input type="checkbox"/> EMERG RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE <i>Rosewood Manor</i>		12. RECEIVED EMERGENCY CARE AMBULANCE, FIRETR, PARAMED? <i>NO</i> YES/NO			
PARENTS	13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <i>Iowa</i>		14. CITIZEN OF WHAT COUNTRY <i>USA</i>		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) <i>Eleanora Berg</i>	
	17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <i>Yes</i>		18. SOCIAL SECURITY NO. <i>517-18-0790 A</i>		19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <i>Farmer</i>		20. KIND OF BUSINESS OR INDUSTRY <i>Diversified Farming</i>	
	21. RESIDENCE - NUMBER AND STREET <i>W. 2136 Riverside #21</i>		22. CITY/TOWN, OR LOCATION <i>Spokane</i>		23. INSIDE CITY LIMITS? (YES/NO) <i>Yes</i>		24. COUNTY <i>Spokane</i>	
	25. STATE <i>Washington</i>		26. FATHER - NAME FIRST, MIDDLE, LAST <i>Joseph Ivers on</i>		27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <i>Anna Haugan</i>			
DISTRIBUTION	28. INFORMANT - NAME <i>Mamie Fahrner</i>		29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <i>W. 2136 Riverside, Apt. 21 Spokane, Washington 99201</i>					
	30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) <i>Burial</i>		31. DATE (MO DAY YR) <i>April 2, 1984</i>		32. CEMETERY/CREMATORY - NAME <i>Fairmount Memorial Park</i>		33. LOCATION - CITY/TOWN, STATE <i>Spokane, Washington</i>	
	34. FUNERAL DIRECTOR SIGNATURE <i>X Ralph E. Albright</i>		35. NAME OF FACILITY <i>Hazen &amp; Jaeger Funeral Home</i>		36. ADDRESS OF FACILITY <i>M. 1308 Monroe Street Spokane, Washington 99201</i>			
	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN				TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
CERTIFIER	37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>X G. W. Rod Key, M.D.</i>				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 <i>X</i>			
	38. DATE SIGNED (MO DAY YR) <i>3-30-84</i>		39. HOUR OF DEATH (24 HRS) <i>1230</i>		42. DATE SIGNED (MO DAY YR)		43. HOUR OF DEATH (24 HRS)	
	40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				44. PRONOUNCED DEAD (MO DAY YR)		45. HOUR PRONOUNCED DEAD (24 HRS)	
	46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) <i>G. W. Rod Key, M.D. 20 Pines Rd. Spokane WA 99206</i>							
CAUSE OF DEATH	47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) <i>Adenocarcinoma Prostate with metastases</i>				INTERVAL BETWEEN ONSET AND DEATH			
	(B) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
	(C) DUE TO, OR AS A CONSEQUENCE OF:				INTERVAL BETWEEN ONSET AND DEATH			
	48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE <i>Generalized arteriosclerosis</i>				49. AUTOPSY? (YES/NO) <i>No</i>		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <i>No</i>	
LOC	51. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)		52. INJURY DATE (MO DAY YR)		53. HOUR OF INJURY (24 HRS)		54. DESCRIBE HOW INJURY OCCURRED	
	55. INJURY AT WORK? (YES/NO)		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			
	58. REGISTRAR SIGNATURE <i>X</i>		59. DATE RECEIVED (MO DAY YR) <i>MAR 30 1984</i>					
	FOR STATE REGISTRAR USE ONLY		60. ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:		ITEM DOCUMENTARY EVIDENCE: REVIEWED BY: DATE:			