

VITAL RECORDS

CERTIFICATE OF DEATH

6948

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST JON BROWER MINNOCH				2. SEX MALE		3. DEATH DATE (MO DAY YR) SEPT 4, 1983		146-83 22988 STATE FILE NUMBER			
4. RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY)) WHITE		5. AGE - LAST BIRTH DAY (YRS) 41		6. UNDER 1 YEAR MOS. DAYS		7. UNDER 1 DAY HOURS MINS.		8. BIRTHDATE (MO DAY YR) 9-29-41		9. COUNTY OF DEATH KING	
10. CITY, TOWN OR LOCATION OF DEATH SEATTLE				11. PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 0. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG RM/OUT PTN 4. <input checked="" type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 1. <input type="checkbox"/> OTHER PLACE: UNIVERSITY HOSPITAL				12. RECEIVED EMERGENCY CARE AMBULANCE, FIREFTR, PARAMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) WASHINGTON		14. CITIZEN OF WHAT COUNTRY U.S.		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) SHIRLEY ANN GRIFFIN		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) YES			
18. SOCIAL SECURITY NO. 531-40-6901				19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) TAXI DRIVER				20. KIND OF BUSINESS OR INDUSTRY UNEMPLOYED			
21. RESIDENCE - NUMBER AND STREET 3511 NE 96TH				22. CITY/TOWN, OR LOCATION SEATTLE		23. INSIDE CITY LIMITS? (YES/NO) YES		24. COUNTY KING		25. STATE WA	
26. FATHER - NAME FIRST, MIDDLE, LAST "LINKDOWN" MINNOCH						27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST JUNE BROWER					
28. INFORMANT - NAME SHIRLEY ANN MINNOCH				29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 3511 NE 96TH SEATTLE WA 98115							
30. BURIAL, CREMATION REMOVAL, OTHER (SPECIFY) BURIAL		31. DATE (MO DAY YR) SEPT. 7, 1983		32. CEMETERY/CREMATORY - NAME MT. PLEASANT CEMETERY				33. LOCATION - CITY/TOWN, STATE SEATTLE, WA.			
34. FUNERAL DIRECTOR SIGNATURE <i>Shirley Ann Minnoch</i>		35. NAME OF FACILITY REITZ FUNERAL HOME		36. ADDRESS OF FACILITY 316 FLORENTIA ST SEATTLE, WA. 98109							
37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED						38. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					
SIGNATURE AND TITLE X <i>Shirley Ann Minnoch MD</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.					
38. DATE SIGNED (MO DAY YR) 9/4/83						39. HOUR OF DEATH (24 HRS) 1856		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) Fran Nardella MD						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) UNIVERSITY HOSPITAL 1959 NE PACIFIC SEATTLE WA 98105											
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))						INTERVAL BETWEEN ONSET AND DEATH					
(A) <i>Cardiac Arrest</i>						<i>Hours</i>					
(B) <i>Respiratory Failure</i>						<i>Years</i>					
(C) <i>Restrictive Lung Disease/Obesity</i>						<i>"</i>					
48. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE						49. AUTOPSY? (YES/NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
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 X <i>Thomas M. Iwata</i>						59. DATE RECEIVED (MO DAY YR) SEP 6 1983					
60. ITEM 18		DOCUMENTARY EVIDENCE: DA 104		REVIEWED BY: CLH		DATE: 4-10-84		DOCUMENTARY EVIDENCE:		REVIEWED BY: DATE:	

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

PARENTS

FACILITY

CERTIFIER

CAUSE OF DEATH
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.