

OFFICE
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TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

1460 03033

STATE FILE NUMBER

138
LOCAL FILE NUMBER

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First Middle Last WESLEY D. JONES				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) Jan. 3, 2000									
4. AGE LAST BIRTH- DAY (Yrs) 78		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) 1-19-21		8. BIRTHPLACE (City, State or Foreign Country) Spokane, Washington		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Pierce			
11. CITY, TOWN OR LOCATION OF DEATH Lakewood				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input checked="" type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE 27 Lakewood Oaks Drive, SW								13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes			
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married				15. SURVIVING SPOUSE (if wife, give maiden name) Loretta Lawson				16. SOCIAL SECURITY NO. 533-12-8289		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10th					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Longshoreman				19. KIND OF BUSINESS OR INDUSTRY Shipping				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 27 Lakewood Oaks Drive, SW				23. CITY/TOWN, OR LOCATION Lakewood		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Pierce		25B. LENGTH OF RES. IN CO. 43yrs		26. STATE WA		27. ZIP CODE 98499	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Louis A. Jones								29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Halo Katherine DeLamater							
30. INFORMANT—NAME Loretta Jones								31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 27 Lakewood Oaks Drive, SW, Lakewood, Washington 98499							
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo, Day, Yr) 1-12-2000		34. CEMETERY/CREMATORY—NAME Seattle Service Group				35. LOCATION—CITY/TOWN, STATE Seattle, Washington					
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Oakwood Hill Funeral Chapel				38. ADDRESS OF FACILITY 5210 So. Alder Tacoma, Washington 98409							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> Thomas Baker MD								43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>							
40. DATE SIGNED (Mo., Day, Yr) 1-10-00				41. HOUR OF DEATH (24 Hrs.) 0012 Hours				44. DATE SIGNED (Mo., Day, Yr)				45. HOUR OF DEATH (24 Hrs.)			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)								46. PRONOUNCED DEAD (Mo., Day, Yr)				47. HOUR PRONOUNCED DEAD (24 Hrs.)			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) 1624 South I Street, #405, Tacoma, Washington 98405								49. ME/CORONER FILE NUMBER							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:															
IMMEDIATE CAUSE (Final disease or condition resulting in death). DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.															
A. <i>Chronic Lung Disease</i>															
B. DUE TO, OR AS A CONSEQUENCE OF:															
C. DUE TO, OR AS A CONSEQUENCE OF:															
D. DUE TO, OR AS A CONSEQUENCE OF:															
INTERVAL BETWEEN ONSET AND DEATH 10 years															
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: <i>Prostate Cancer, Congestive Heart Failure</i>															
52. AUTOPSY? (Yes / No) No				53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No											
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				55. INJURY DATE (Mo, Day, Yr)				56. HOUR OF INJURY (24 Hrs)				57. DESCRIBE HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE								62. REGISTRAR SIGNATURE <i>[Signature]</i>				63. DATE RECEIVED (Mo., Day, Yr.) JAN 12 2000			