

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST

HERSCHEL C. DE VRIES

2. SEX
M

3. DEATH DATE (MO DAY YR)

Apr 24 1982

146-82 11847
STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)

White

5. AGE - LAST BIRTH- DAY (YRS)

75

6. UNDER 1 YEAR MOS.

DAYS

7. UNDER 1 DAY HOURS

MINS.

8. BIRTHDATE (MO DAY YR)

Feb 13 1907

9. COUNTY OF DEATH

Whatcom

10. CITY, TOWN OR LOCATION OF DEATH

Bellingham

11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME
0. ☐ HOME 2. ☐ IN TRANSPORT 3. ☐ EMERG RM/OUT PTN 4. ☒ HOSP 5. ☐ NUR HOME 1. ☐ OTHER PLACE

(4) St. Luke's Hospital

12. RECEIVED EMERGENCY CARE
AMBULANCE, FIREFTR, PARAMED?

No YES/NO

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

Minnesota

14. CITIZEN OF WHAT COUNTRY

USA

15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

Married

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

Jeanne Hamstra

17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

No

18. SOCIAL SECURITY NO.

539-36-5410

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

Ret. Farmer

20. KIND OF BUSINESS OR INDUSTRY

Agriculture

21. RESIDENCE - NUMBER AND STREET

109 So. 7th Street

22. CITY/TOWN, OR LOCATION

Lynden

23. INSIDE CITY LIMITS? (YES/NO)

Yes

24. COUNTY

Whatcom

25. STATE

Wash.

26. FATHER - NAME FIRST, MIDDLE, LAST

Otto DeVries

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

Minnie Nagel

28. INFORMANT - NAME

Jeanne DeVries

29. MAILING ADDRESS

109 So. 7th St. Lynden, Wn. 98264

STREET OR RFD NO.

CITY OR TOWN

STATE

ZIP

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)

Burial

31. DATE (MO DAY YR)

Apr 27 1982

32. CEMETERY/CREMATORY - NAME

Monumenta Cemetery

33. LOCATION - CITY/TOWN, STATE

Lynden, Washington

34. FUNERAL DIRECTOR

SIGNATURE

X

35. NAME OF FACILITY

GILLIES FUNERAL HOME

36. ADDRESS OF FACILITY

202 Front Street

Lynden, Wn. 98264

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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

X

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

X

38. DATE SIGNED (MO DAY YR)

Apr 28, 1982

39. HOUR OF DEATH (24 HRS)

07:40

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)

J. David Hughes, MD 800 East Chestnut; Bellingham, Wn. 98225

47. IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A) Massive Thrombosis - Gastrovascular Bowel

INTERVAL BETWEEN ONSET AND DEATH

2-3 days

DUE TO, OR AS A CONSEQUENCE OF:

(B) ASD

INTERVAL BETWEEN ONSET AND DEATH

Years

DUE TO, OR AS A CONSEQUENCE OF:

(C) ASD with Congestive Failure

INTERVAL BETWEEN ONSET AND DEATH

1 yr

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

49. AUTOPSY? (YES/NO)

Yes

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

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

59. DATE RECEIVED (MO DAY YR)

MAY 5 1982

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY: DATE: