

OFFICE
USE
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TYPE OR PRINT IN PERMANENT BLACK INK

288

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146 7 06918

STATE FILE NUMBER

1. DISTRICT

D2

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

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24.

1. NAME First Middle Last GEORGE LEWIS SCHLOTMAN				2. SEX (M / F) MALE		3. DEATH DATE (Mo, Day, Yr) FEBRUARY 1, 1997									
4. AGE LAST BIRTHDAY (Yrs) 86		5. UNDER 1 YEAR MOS DAYS 		6. UNDER 1 DAY HOURS MINS 		7. BIRTHDATE (Mo, Day, Yr) FEB. 25, 1910		8. BIRTHPLACE (City, State or Foreign Country) Bellingham, WA		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH SNOHOMISH			
11. CITY, TOWN OR LOCATION OF DEATH STANWOOD				12. PLACE OF DEATH— <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE JOSEPHINE SUNSET HOME						13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes					
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (if wife, give maiden name) 				16. SOCIAL SECURITY NO. 533-09-1548		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) 							
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Woodworker				19. KIND OF BUSINESS OR INDUSTRY Lumber				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 9901 272nd Pl N.W.				23. CITY/TOWN, OR LOCATION Stanwood		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Snohomish		25B. LENGTH OF RES. IN CO. 86 yrs		26. STATE WA		27. ZIP CODE 98292	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Edwin Schlotman						29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Agnes Foster									
30. INFORMANT—NAME George S. Schlotman						31. MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 1004 Silver Springs Way Stanwood, Washington 98292									
32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Feb. 4, 1997		34. CEMETERY/CREMATORY—NAME Evergreen Cemetery				35. LOCATION—CITY/TOWN, STATE Everett, Washington							
36. FUNERAL DIRECTOR SIGNATURE <i>Sally Riffer</i>				37. NAME OF FACILITY PURDY & WALTERS WITH CASSIDY				38. ADDRESS OF FACILITY 1702 PACIFIC AVE. EVERETT, WA.							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER									
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 X <i>Steve Luther M.D.</i>						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 X									
40. DATE SIGNED (Mo., Day, Yr) 2/3/97				41. HOUR OF DEATH (24 Hrs.) 07:20		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) Steve Luther, M.D. 26920 Pioneer Hwy Stanwood, WA 98292						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). 						A. cerebral anoxia				INTERVAL BETWEEN ONSET AND DEATH 5 min					
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.						B. respiratory arrest				INTERVAL BETWEEN ONSET AND DEATH 5 min					
						C. CHF				INTERVAL BETWEEN ONSET AND DEATH 3 mo.					
						D. COPD				INTERVAL BETWEEN ONSET AND DEATH 					
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: 						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 X <i>M. Wand Hinch M.D.</i>				63. DATE RECEIVED (Mo., Day, Yr.) FEB 03 1997							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

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