WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 25127

CERTIFICATE OF DEATH

REGISTRAR'S NO.

REG. DIST NO. 6908

1. PLACE OF DEATH
a. COUNTY King
b. CITY, TOWN, OR LOCATION Seattle
c. LENGTH OF STAY IN 1b 43 years
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Group Health Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Washington b. COUNTY King
c. CITY, TOWN, OR LOCATION Seattle 4201
d. STREET ADDRESS 2716 - 15th Avenue South
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [X] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First THOMAS Middle OLIVER Last GILLEBO

4. DATE OF DEATH Month December Day 21 Year 1960

5. SEX M

6. COLOR OR RACE White

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH 10-10-1885

9. AGE (In years last birthday) 75 If Under 1 Year: Months 2 Days 11 If Under 24 Hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (State or foreign country) Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver Thomas Gillebo

14. MOTHER'S MAIDEN NAME Bolleta Rindal 4201

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. 533-32-5013

17. INFORMANT Address VernL.Mosebach, Seattle,Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b) CORONARY THROMBOSIS
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes [X] No [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) JAN 11 1961

20c. TIME OF INJURY Hour a. m, p. m. Month, Day, Year

20d. INJURY OCCURRED While at work [ ] Not while at work [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from AUTOPSY, to 21 DEC 60 and last saw her/him alive on
Death occurred at 1:30 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E.S. Larsen (Degree or title) M.D.

22b. ADDRESS GROUP HEALTH HOSP

22c. DATE SIGNED 21 DEC 60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-23-60

23c. NAME OF CEMETERY OR CREMATORY Wash.Mem'l Park,16445 P

23d. LOCATION (City, town, or county) (State) acific Hiway So.,Seattle,Wash.

24. FUNERAL DIRECTOR Wash.Mem'l Funeral Home, Seattle, Wash. ADDRESS #308

25. DATE REC'D BY LOCAL REG. DEC 23 1960

26. REGISTRAR'S SIGNATURE R. P. Lehman

S. F. No. 7784—7-58—30M. 53696.