

## WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

PE, OR PRINT IN  
PERMANENT INK

LOCAL FILE NUMBER

2347 CERTIFICATE OF DEATH

146-68-

STATE FILE NUMBER

6156

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CHARLES HENRY GREEN					2. MALE	3. MARCH 13, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY) (YEARS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. WHITE		5a. 80		5b. MOS. DAYS	5c. HOURS MIN.	6. DEC. 8, 1887	
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. SEATTLE		7c. YES		7d. SWEDISH HOSPITAL			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. IOWA		9. USA		10. MARRIED		11. SARAH ELIZABETH SIMONDS	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 533-32-5027		13a. RETIRED AUTOMOBILE DEALER		13b. AUTOMOTIVE			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)		STREET AND NUMBER
14a. WASHINGTON		14b. KING	14c. BOTHELL		14d. YES		14e. 18328 - 94TH. AVE. N.E.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. GOTTLIEB				GREEN	16. MARGARET		MAAS
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17. SARAH S. GREEN (WIFE)				17b. 18328 - 94TH. AVE. N.E., BOTHELL, WN. 98011			
PART I. DEATH WAS CAUSED BY				[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) 195. Carcinomatosis						Oct., 1961	
DUE TO, OR AS A CONSEQUENCE OF:							
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
(b) Carcinoma Prostate						Oct. 1961	
DUE TO, OR AS A CONSEQUENCE OF:							
(c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						19a. Yes	
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20a.		20b.		20c. M. 20d.		19b. No	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		APR 15 1968	
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21a. I ATTENDED THE DECEASED FROM 3-3-52		TO 21b. 3-13-68		21c. 3-13-68		21d. did not	
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.				HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR	
22a.				2:22 PM		22b. March 13 1968	
CERTIFIER—NAME (TYPE OR PRINT)				SIGNATURE		DEGREE OR TITLE	
23a. Alexander W. Kretz, M.D.				23b. Alexander W. Kretz, M.D.		23c. 3-14-68	
MAILING ADDRESS—CERTIFIER				STREET OR R.F.D. NO.		CITY OR TOWN	
23d.				719 Summit Avenue, Seattle, Washington		98104	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN	
24a. CREMATION		24b. ACACIA CREMATORY		24c.		SEATTLE, WASHINGTON	
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. MARCH 14, 1968		24e. BOTHELL FUNERAL HOME, 18224 - 103RD. AVE. N.E., BOTHELL, WN. 98011					
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. David Morrison 1096				25b. R. P. Lehman M.D.		25c. MAR 18 1968	

DECEASED

SUAL RESIDENCE  
WERE DECEASED  
IVED, IF DEATH  
OCCURRED IN  
STITUTION, GIVE  
RESIDENCE BEFORE  
MISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL