

0015  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

9 00837

1 DISTRICT	1. NAME—FIRST, MIDDLE, LAST Lottie May IVERSON				2 SEX Female	3. DEATH DATE (Mo., Day, Yr.) Jan. 7, 1989		146		STATE FILE NUMBER		
2 COPIES	4. AGE LAST BIRTH- DAY (Yrs) 87	5. UNDER 1 YEAR MOS. DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo., Day, Yr.) Jan. 16, 1901	8. BIRTH STATE (If not in USA give country) WASH		9. CITIZEN OF WHAT COUNTRY? USA	10. COUNTY OF DEATH Thurston				
3 HO.	11. CITY, TOWN OR LOCATION OF DEATH Olympia			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 5. <input type="checkbox"/> NURS HOME 6. <input type="checkbox"/> OTHER PLACE Puget Sound Health Care Center				13. SMOKING IN LAST 15 YEARS? (Yes/No) No				
4 OCCURRENCE	14. MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Widowed		15. SURVIVING SPOUSE (If wife, give maiden name)		16. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no		17. SOCIAL SECURITY NO. 531-10-2123 D		18. HIGH SCHOOL GRADUATE? (Yes/No) yes			
5 RESIDENCE	19. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) room mother			20. KIND OF BUSINESS OR INDUSTRY Central College		21. Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No		22. RACE (White, Black, Asian or Pacific Islander, Am. Ind., Hispanic, etc. (Specify) White				
6 TRACT	23. RESIDENCE - NUMBER AND STREET 256 Brim Rd			24. CITY/TOWN, OR LOCATION Onalaska		25. INSIDE CITY LIMITS? (Yes/No) no		26. COUNTY Lewis		27. STATE Wash.		
7 OCCUPATION	29. FATHER'S NAME—FIRST, MIDDLE, LAST Robert E. Elwood			30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna May Chapell								
8	31. INFORMANT—NAME Donna M. Kaut			32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 256 Brim Rd Onalaska, Washington 98570								
9	33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) burial		34. DATE (Mo., Day, Yr.) 1-10-89		35. CEMETERY/CREMATORY—NAME Odd Fellows Memorial Park			36. LOCATION—CITY/TOWN, STATE Tumwater, Washington				
10	37. FUNERAL DIRECTOR SIGNATURE X <i>Donna M. Kaut</i>			38. NAME OF FACILITY Mills & Mills Funeral Dir.			39. ADDRESS OF FACILITY 414 S Franklin					
11	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER						
12	40. 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 <i>Michael D. Herring</i>					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						
13	42. DATE SIGNED (Mo., Day, Yr.) 10 January 1989			43. HOUR OF DEATH (24 Hrs.) 2220		44. DATE SIGNED (Mo., Day, Yr.)			45. HOUR OF DEATH (24 Hrs.)			
14	46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					47. PRONOUNCED DEAD (Mo., Day, Yr.)			48. HOUR PRONOUNCED DEAD (24 Hrs.)			
15	49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Michael D. Herring, M.D. 410 Black Hills Lane S.W. Olympia, WA											
16	50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.											
17	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in- jury which initiated events resulting in death) LAST					(A) SEPSIS			INTERVAL BETWEEN ONSET AND DEATH # DAYS (3)			
18						(B)			INTERVAL BETWEEN ONSET AND DEATH			
19						(C)			INTERVAL BETWEEN ONSET AND DEATH			
20	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 COR- ONER? (Yes/No) No			
21 ACC LOC	54. ACC, SUICIDE, HO, UNDET, OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED					
22 QUERIES	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					
23	61. REGISTRAR SIGNATURE X <i>Gary M. Goldbaum</i>					62. DATE RECEIVED (Mo., Day, Yr.) JAN 10 1989						