

REG. DIST NO.

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <u>Spokane</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Spokane</u>		
b. CITY, TOWN, OR LOCATION <u>Spokane</u>		c. LENGTH OF STAY IN 1b <u>36 years</u>	c. CITY, TOWN, OR LOCATION <u>Spokane</u>		
d. NAME OF HOSPITAL OR INSTITUTION <u>Rockwood Manor</u> <small>(If not in hospital, give street address)</small>			d. STREET ADDRESS <u>E. 2903 - 25th.</u>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Bessie Cleora Grobel</u> <small>First Middle Last</small>			4. DATE OF DEATH <u>July 17 1966</u> <small>Month Day Year</small>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/7/84</u>	9. AGE (In years last birthday) <u>82</u>	If Under 1 Year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Cresco, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>William Kendrick Barker</u>			14. MOTHER'S MAIDEN NAME <u>Ada Cleora Brown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>539-42-6219</u>	17. INFORMANT <u>Mrs. Winifred Root-2026 Bayview Ave.</u> <small>Address</small>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)..... <u>Myocardial Infarction</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b)..... <u>Coronary Atherosclerosis yrs</u> DUE TO (c).....			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>		
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		<u>AUG - 1 1966</u>			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Signing app. by J.N. Sledge, M.D. Dep. Coroner</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>1953</u> to <u>1966</u> and last saw <u>her</u> alive on <u>March 1966</u> Death occurred at <u>11:50 AM</u> m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>William N. Myhre</u> (Deceased or title)		22b. ADDRESS <u>402 Riverside Spokane</u>		22c. DATE SIGNED <u>July 18, 1966</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	23b. DATE <u>7/21/66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hazen & Jaeger</u>	23d. LOCATION (City, town, or county) (State) <u>Spokane, Washington</u>		
24. FUNERAL DIRECTOR ADDRESS <u>C. E. Gilman-Hazen & Jaeger-Spokane, Wn.</u>			25. DATE REC'D BY LOCAL REG. <u>7-19-66</u>	26. REGISTRAR'S SIGNATURE <u>H. H. Trayner, M.D.</u>	

EMBALMER
FUNERAL DIRECTOR

MEDICAL CERTIFICATION