

VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST

Wynona M. Phiefer

2. SEX

Fe

3. DEATH DATE (MO DAY YR)

Jan. 10, 1982

146-8 2 01282

STATE FILE NUMBER

4. RACE (WHITE, BLACK, AM. IND., ETC. SPECIFY)

White

5. AGE - LAST BIRTHDAY (YRS)

76

6. UNDER 1 YEAR

MOS.

DAYS

7. UNDER 1 DAY

HOURS

MINS.

8. BIRTHDATE (MO DAY YR)

Nov. 23, 1905

9. COUNTY OF DEATH

Skagit

10. CITY, TOWN OR LOCATION OF DEATH

Mount Vernon

11. PLACE OF DEATH - ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME

Mira Vista Nursing Home

12. RECEIVED EMERGENCY CARE

AMBULANCE, FIRETR., PARAMED.?

No YES/NO

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

Missouri

14. CITIZEN OF WHAT COUNTRY

USA

15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

Married

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

Clarence NMI Phiefer

17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

No

18. SOCIAL SECURITY NO.

539-01-2389-A

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

Housewife

20. KIND OF BUSINESS OR INDUSTRY

Homemaking

21. RESIDENCE - NUMBER AND STREET

1685 99 S.

22. CITY/TOWN, OR LOCATION

Mt. Vernon

23. INSIDE CITY LIMITS? (YES/NO)

No

24. COUNTY

Skagit

25. STATE

Wash.

26. FATHER - NAME FIRST, MIDDLE, LAST

J.D. Williams

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

Sophie NMI Nussbaum

28. INFORMANT - NAME

Clarence Phiefer

29. MAILING ADDRESS

1685 99 S. Mt. Vernon, Wa. 98273

STREET OR RFD NO.

CITY OR TOWN

STATE

ZIP

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)

Cremation

31. DATE (MO DAY YR)

Jan. 10, 1982

32. CEMETERY/CREMATORY - NAME

Hawthorne Lawn Crem.

33. LOCATION - CITY/TOWN, STATE

Mt. Vernon, Wa. 98273

34. FUNERAL DIRECTOR

SIGNATURE

Larry B. Nelson, M.D.

35. NAME OF FACILITY

Kern Funeral Home

36. ADDRESS OF FACILITY

1122 S. 3rd Street
Mount Vernon, Wa. 98273

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37. 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 Larry B. Nelson, M.D.

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

38. DATE SIGNED (MO DAY YR)

1/11/82

39. HOUR OF DEATH (24 HRS)

2310

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

40. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44. PRONOUNCED DEAD (MO DAY YR)

45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

Larry B. Nelson, M.D., 1400 E. Kincaid, Mt. Vernon, Wash.

47. IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A) Cardio-respiratory arrest

INTERVAL BETWEEN ONSET AND DEATH

minutes

DUE TO, OR AS A CONSEQUENCE OF:

(B) Sepsis

INTERVAL BETWEEN ONSET AND DEATH

hours

DUE TO, OR AS A CONSEQUENCE OF:

(C) Gangrene Right Foot

INTERVAL BETWEEN ONSET AND DEATH

2 months

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

49. AUTOPSY? (YES/NO)

no

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

No

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)

52. INJURY DATE (MO DAY YR)

53. HOUR OF INJURY (24 HRS.)

54. DESCRIBE HOW INJURY OCCURRED.

55. INJURY AT WORK? (YES/NO)

56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)

57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE

X

59. DATE RECEIVED (MO DAY YR)

1-11-82

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

IF DEATH OCCURRED IN INSTITUTION SEE
HANDBOOK REGARDING COMPLETION OF
RESIDENCE ITEM 5.

FEB 11 1982

CONDITIONS IF ANY WHICH GAVE RISE TO
IMMEDIATE CAUSE STATING UNDERLYING
CAUSE LAST.