

TYPE, OR PRINT IN
PERMANENT INK

LOCAL FILE NUMBER

134

CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. EDWARD ALFRED IVERSON					Male	September 11, 1975
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	50 88	5b.	5c.	6. Oct. 8, 1886		7a. Kittitas
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7b. Ellensburg		7d. Haven House Nursing Home				
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. North Dakota		9. U.S.A.		10. Never Married		11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 537-50-9073		13a. Laborer		13b. Agriculture		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER		
14a. Washington	14b. Kittitas	14c. Ellensburg		14d. Yes		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Daniel				Iverson	16. Hannah Bixby	
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
17a. Mrs. Buff Iverson				17b. Rt 3, Box 127 Ellensburg, WA 98926		
PART I. DEATH WAS CAUSED BY:						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE						
(a) Cerebral vascular accident with hemiparesis						approx 1 w
DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
(b) due to generalized arteriosclerosis.						years
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)
						19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
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)			
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, TO THE CAUSE(S) STATED.	
21a. I ATTENDED THE DECEASED	9/ 1 75	9/11/75	21c. 9/13/75	21d. did not	21b. 6:35P	
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
22a.						22b. 9/ 11/75
CERTIFIER—NAME (TYPE OR PRINT)						DEGREE OR TITLE
23a. Robert C. Messner, M. D.						23b. R. C. Messner
MAILING ADDRESS—CERTIFIER						DATE SIGNED (MONTH, DAY, YEAR)
23c. Box 369 Ellensburg, Wash. 98926						23d. 9-15-75
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE			
24a. Burial	24b. IOOF Cemetery	24c. Ellensburg	Washington			
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. Sept. 15, 1975	25a. Evenson Funeral Home PO Box 306 Ellensburg, WA 98926					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE					DATE RECEIVED BY LOCAL REGISTRAR
25b. [Signature]	26a. [Signature]					26b. Sept. 15 1975

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED IN
CITY, TOWN, OR
LOCATION, GIVE
STREET AND
NUMBER BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

OCT 10 1975