

REG. DIST. NO. **D-1**

CERTIFICATE OF DEATH

REGISTRAR'S NO. **193**

1. PLACE OF DEATH a. COUNTY Lewis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Washington b. COUNTY Lewis		
b. CITY, TOWN, OR LOCATION Randle			c. CITY, TOWN, OR LOCATION Randle		
c. LENGTH OF STAY IN 1b on Job			d. STREET ADDRESS Rte. 4, None		
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Latimer & Song Logging Shop			e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			f. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Fred Johnson			4. DATE OF DEATH June 21, 1966		
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 10/1/1916		9. AGE (In years last birthday) 49		10. If Under 1 Year Months Days	
11. BIRTHPLACE (State or foreign country) Jullietta, Idaho		12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Fred Monree Johnson	
14. MOTHER'S MAIDEN NAME Clara Ellen Dygert		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 518-01-9525	
17. INFORMANT Elna Irene Johnson-Randle, Wn. Wife.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Thrombosis of the left Conditions, if any, which give rise to above cause (a), stating the underlying cause last. DUE TO (b) descending coronary artery DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		INTERVAL BETWEEN ONSET AND DEATH Dropt dead	
19. WAS AUTOPSY PERFORMED? Yes <input checked="" type="checkbox"/> No <input 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.) JUL - 1 1966		20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year			
20d. INJURY OCCURRED While at work <input checked="" 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.)		20f. CITY, TOWN, OR LOCATION County STATE	
21. I attended the deceased from never , to never and last saw her dead on June 22, 1966 Death occurred at 11:40 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE L. G. STECK, M. D.,		(Degree or title) Lewis County Coroner, Chehalis, Wn.		22b. ADDRESS Sedro-Wooley, Wash.	
22c. DATE SIGNED JUN 23 1966		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial			
23b. DATE 6/23/1966		23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Sedro-Wooley, Wash.	
24. FUNERAL DIRECTOR Lemley Mortuary-Sedro-Wooley, Wash.		ADDRESS 6-25-66		25. DATE REC'D BY LOCAL REG. 6-25-66	
26. REGISTRAR'S SIGNATURE [Signature]					