WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 15280

REG. DIST NO. 2-8

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1

1. PLACE OF DEATH
a. COUNTY: Snohomish
b. CITY, TOWN, OR LOCATION: Lake Stevens
c. LENGTH OF STAY IN 1b:
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): East Side of Lake
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Snohomish
c. CITY, TOWN, OR LOCATION: Lake Stevens,
d. STREET ADDRESS: Route #2
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☐ No ☒
f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CONRAD Middle BERL Last TASTAD

4. DATE OF DEATH: Month July Day 15, Year 1960

5. SEX: male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12-31-1917

9. AGE (In years last birthday): 42
If Under 1 Year: Months / Days
If Under 24 Hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: lumber mill

11. BIRTHPLACE (State or foreign country): Minneapolis, Minn.

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Bert Tastad

14. MOTHER'S MAIDEN NAME: Sara Taklo 850X

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 539-14-4784

17. INFORMANT: Mrs Mildred Tastad Address: Rt 2, Lake Stevens, Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: brief
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

AUG 19 1960

19. WAS AUTOPSY PERFORMED? Yes ☐ No ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.): Overloaded boat overturned

20c. TIME OF INJURY: Hour 12:06 p.m. Month, Day, Year July 15, 1960

20d. INJURY OCCURRED While at work ☐ Not while at work ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake

20f. CITY, TOWN, OR LOCATION Lake Stevens, COUNTY Snohomish, STATE Wash.

21. I ~~attended the deceased from~~ INVESTIGATED to July 15, 1960 and ~~last saw her/him~~ alive on ____
Death occurred at 12:06 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ken Sarin CORONER

22b. ADDRESS: Everett, Wash.

22c. DATE SIGNED: 7-18-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7-19-60

23c. NAME OF CEMETERY OR CREMATORY: Cypress Lawn

23d. LOCATION (City, town, or county) (State): Everett, Wn

24. FUNERAL DIRECTOR ADDRESS: S.W. Schaefer, Marysville, Wn

25. DATE REC'D BY LOCAL REG.: 7-18-60

26. REGISTRAR'S SIGNATURE: Mitchell by A Jane Swanson

S. F. No. 7784—7-58—80M. 53695.