

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

1. NAME—FIRST, MIDDLE, LAST

ERLING OSVALD MALNES

2. SEX

Male

3. DEATH DATE (Mo., Day, Yr.)

Sept. 24, 1988

146-8

26715

STATE FILE NUMBER

DECEASED

 4. AGE—LAST BIRTH-
DAY (Yrs.)
93

 5. UNDER 1 YEAR
MOS. DAYS

 6. UNDER 1 DAY
HOURS MINS.

 7. BIRTHDATE (Mo., Day, Yr.)
June 11, 1895

 8. COUNTY OF DEATH
King

 9. CITY, TOWN OR LOCATION OF DEATH
Seattle

 10. PLACE OF DEATH — ☒ HOME ☐ IN TRANSPORT ☐ EMERG. RM/OUT PTN. ☐ HOSP. ☒ NUR. HOME ☐ OTHER PLACE
Norse Home

 11. BIRTH STATE (If not in
USA give country)
Norway

 12. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED
Married

 13. SPOUSE (If Wife give Maiden Surname)
Elfrida Zacharaisen

 14. WAS DECEDENT EVER IN U.S.
ARMED FORCES? (Yes/No)
No

 15. SOCIAL SECURITY NO.
536-12-3911

 16. HIGH SCHOOL GRADUATE
(Yes/No)
No

 17. USUAL OCCUPATION (Give kind of work done during most of working
life even if retired.)
Commercial Fisherman

 18. KIND OF BUSINESS OR INDUSTRY
Fishing

 19. RACE (White, Black,
Am. Ind., etc. Specify)
White

 20. Was Decedent of Hispanic Origin? (specify Yes or No—if yes, specify
Cuban, Mexican, Puerto Rican, etc.)
1. ☐ Yes 2. ☒ No (specify)

 21. SMOKING IN LAST
15 YEARS (Yes/No)
No

 22. RESIDENCE—NUMBER AND STREET
5311 Phinney Ave. North

 23. CITY/TOWN, OR LOCATION
Seattle

 24. INSIDE CITY LIMITS?
(Yes/No)
Yes

 25. COUNTY
King

 26. STATE
Wa.

 27. ZIP CODE
98103

PARENTS

 28. FATHER'S NAME—FIRST, MIDDLE, LAST
Andreas Nikolaisen

 29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Anna J. Nilsen

 30. INFORMANT—NAME
Harold E. Malnes

 31. MAILING ADDRESS
STREET OR RFD NO. CITY OR TOWN STATE ZIP
16628 62nd Ave. West. Lynnwood, Washington 98037

DISPOSITION

 32. BURIAL, CREMATION,
REMOVAL, OTHER (Specify)
Burial

 33. DATE (Mo., Day, Yr.)
Sept. 28, 1988

 34. CEMETERY/CREMATORY—NAME
Pacific Lutheran Cemetery

 35. LOCATION—CITY/TOWN, STATE
Seattle, Washington

 36. FUNERAL DIRECTOR
SIGNATURE
X

 37. NAME OF FACILITY
Wiggen & Sons Mortuary, Inc.

 38. ADDRESS OF FACILITY
98107
2003 N.W. 57, Seattle, Wa.

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

 39. 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 M.D.

 40. DATE SIGNED (Mo., Day, Yr.)
September 26, 1988

 41. HOUR OF DEATH (24 Hrs.)
2000

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

 48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
John H. Addison, M.D. 515 Minor #300, Seattle, Washington 98104

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

 43. 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

44. DATE SIGNED (Mo., Day, Yr.)

45. HOUR OF DEATH (24 Hrs.)

46. PRONOUNCED DEAD (Mo., Day, Yr.)

 47. HOUR PRONOUNCED DEAD
(24 Hrs.)

CAUSE OF DEATH

 IMMEDIATE CAUSE (Final disease or
condition resulting in death).
Sequentially list conditions, if any,
leading to immediate cause. Enter
UNDERLYING CAUSE (Disease or in-
jury which initiated events resulting in
death) LAST

 (A) Sepsis
DUE TO, OR AS A CONSEQUENCE OF:
(B)
DUE TO, OR AS A CONSEQUENCE OF:
(C)

 INTERVAL BETWEEN ONSET
AND DEATH

 INTERVAL BETWEEN ONSET
AND DEATH

 INTERVAL BETWEEN ONSET
AND DEATH

 50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
Stroke, Senile Dementia

 51. AUTOPSY? (Yes, No)
No

 52. WAS CASE REFERRED TO
MEDICAL EXAMINER OR COR-
ONER? (Yes/No) NO

 53. ACC. SUICIDE, HOM., UNDET., OR
PENDING INVEST. (Specify)

54. INJURY DATE (Mo., Day, Yr.)

55. HOUR OF INJURY (24 Hrs.)

56. DESCRIBE HOW INJURY OCCURRED

57. INJURY AT WORK? (Yes/No)

 58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG.
ETC. (Specify)

59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE

 60. REGISTRAR
SIGNATURE
X

 61. DATE RECEIVED (Mo., Day, Yr.)
SEP 28 1988

62. ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

63. ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

 FOR STATE
REGISTRAR
USE ONLY