WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17022

'PE, OR PRINT IN ERMANENT INK

M-1 LOCAL FILE NUMBER 72-341 STATE FILE NUMBER

DECEASED

1. DECEASED—NAME: Clarence (FIRST) Haveman (LAST)
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): July 3, 1972
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY): white
5a. AGE—LAST BIRTHDAY (YEARS): 58
5b. UNDER 1 YEAR MOS. / DAYS:
5c. UNDER 1 DAY HOURS / MIN.:
6. DATE OF BIRTH (MONTH, DAY, YEAR): Mar 24, 1914
7a. COUNTY OF DEATH: Whatcom
7b. CITY, TOWN, OR LOCATION OF DEATH: Bellingham
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Sehome Nursing Home

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): WASHINGTON
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): WINIFRED HAVEMAN
12. SOCIAL SECURITY NUMBER: 537-03-7724
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Truck Driver
13b. KIND OF BUSINESS OR INDUSTRY:
14a. RESIDENCE—STATE: Wash.
14b. COUNTY: Whatcom
14c. CITY, TOWN, OR LOCATION: Bellingham
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): yes
14e. STREET AND NUMBER: 2621 Peabody Street

PARENTS

15. FATHER—NAME (FIRST MIDDLE LAST): George Haveman
16. MOTHER—MAIDEN NAME (FIRST MIDDLE LAST): Adrianna Radder
17a. INFORMANT—NAME: Mrs. Winifred Haveman
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 2621 Peabody Street, Bellingham, Wn. 98225

CAUSE

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE (a): Malignant melanoma I
DUE TO, OR AS A CONSEQUENCE OF: (b): Pulmonary & bony metas.
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF: (c):
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year.

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): no
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

CERTIFIER

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: MONTH 9 DAY 2 YEAR 71 TO 21b. MONTH 7 DAY 3 YEAR 72
21c. AND LAST SAW HIM/HER ALIVE ON: MONTH 6 DAY 5 YEAR 72
21d. I DID/DID NOT VIEW THE BODY AFTER DEATH: not
21e. DEATH OCCURRED (HOUR): 11:00 A.M. AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

22a. 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: M.
22b. THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR: M.

23a. CERTIFIER—NAME (TYPE OR PRINT): Frederick M. Graham, M.D.
23b. SIGNATURE: X Frederick M. Graham
DEGREE OR TITLE:
23c. DATE SIGNED (MONTH, DAY, YEAR): X 7/6/72

8-8-72

23d. MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP: 1800 "C" Street, Bellingham Medical Center, Bellingham, Washington 98225

BURIAL

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY—NAME: MONUMENTA CEMETERY
24c. LOCATION CITY OR TOWN STATE: LYNDEN, WASHINGTON
24d. DATE (MONTH, DAY, YEAR): July 5, 1972
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): GILLIES FUNERAL HOME, 202 Front St., Lynden, Wn. 98264
25b. FUNERAL DIRECTOR—SIGNATURE: X James E. Elvig
26a. REGISTRAR—SIGNATURE: Evelyn M. Gross
26b. DATE RECEIVED BY LOCAL REGISTRAR: JUL 11 1972

HEA-67 (S. F. 8091) 6-71.