

3061

2974 VITAL RECORDS  
CERTIFICATE OF DEATH

8 29612

LOCAL FILE NUMBER

DECEASED	1. NAME—FIRST, MIDDLE, LAST M. Marcella Shanks				2. SEX F	3. DEATH DATE (Mo., Day, Yr.) Nov. 6, 1988		146-8		STATE FILE NUMBER		
	4. AGE—LAST BIRTH DAY (Yrs.) 77		5. UNDER 1 YEAR MOS. DAYS		6. UNDER 1 DAY HOURS MINS.		7. BIRTHDATE (Mo., Day, Yr.) Aug. 6, 1911		8. COUNTY OF DEATH Spokane			
	9. CITY, TOWN OR LOCATION OF DEATH Spokane						10. PLACE OF DEATH — NO BOX FOR PLACE THEN GIVE ADDRESS, OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN. 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR. HOME 6. <input type="checkbox"/> OTHER PLACE Lilac City Convalescent Center				11. BIRTH STATE (If not in USA, give country) Washington	
	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		13. SPOUSE (If Wife give Maiden Surname) Frank R. Shanks		14. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) no		15. SOCIAL SECURITY NO. 536-09-0665		16. HIGH SCHOOL GRADUATE (Yes/No) no			
PARENTS	17. USUAL OCCUPATION (Give kind of work done during most of working life even if retired.) Homemaker				18. KIND OF BUSINESS OR INDUSTRY own home		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. <input type="checkbox"/> Yes 2. <input checked="" type="checkbox"/> No (specify)			
	21. SMOKING IN LAST 15 YEARS (Yes/No) yes		22. RESIDENCE—NUMBER AND STREET 619 E. Sanson		23. CITY/TOWN, OR LOCATION Spokane		24. INSIDE CITY LIMITS? (Yes/No) yes		25. COUNTY Spokane		26. STATE WA	
	27. ZIP CODE 99207		28. FATHER'S NAME—FIRST, MIDDLE, LAST Daniel Iverson				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna J. Clifford					
	30. INFORMANT—NAME Joy Estell				31. MAILING ADDRESS 3433 E. Garnet				CITY OR TOWN Spokane		STATE WA	ZIP 99207
DISPOSITION	32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr.) Nov. 10, 1988		34. CEMETERY/CREMATORY—NAME Holy Cross Cemetery		35. LOCATION—CITY/TOWN, STATE Spokane, WA					
	36. FUNERAL DIRECTOR SIGNATURE X <i>J. C. Iverson</i>		37. NAME OF FACILITY Hennessey-Smith Funeral Home		38. ADDRESS OF FACILITY N. 2203 Division Spokane, WA 99207-2122							
CERTIFIER	TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
	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 <i>J. Vanderbosch MD</i>						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					
	40. DATE SIGNED (Mo., Day, Yr.) Nov 7, 1988			41. HOUR OF DEATH (24 Hrs.) 1645			44. DATE SIGNED (Mo., Day, Yr.)			45. HOUR OF DEATH (24 Hrs.)		
	42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr.)					
	47. HOUR PRONOUNCED DEAD (24 Hrs.)						48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Leoanrd J. Vanderbosch, M.D. E. 2929 Wellesley, Spokane, WA 99207					
CAUSE OF DEATH	49. PART I ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.											
	IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST											
	(A) <i>Cardiopulmonary arrest</i>											
	(B) <i>pneumonia</i>											
	(C) <i>dementia due to alzheimer</i>											
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE												
51. AUTOPSY? (Yes, No) no												
52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) yes												
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 <i>J. M. Luther MD</i>												
61. DATE RECEIVED (Mo., Day, Yr.) NOV 10 1988												
FOR STATE REGISTRAR USE ONLY		62. ITEM		DOCUMENTARY EVIDENCE:		REVIEWED BY:		DATE:		63. ITEM		