

463

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

11846

TYPE, OR PRINT IN  
PERMANENT INK

978 LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Helen		WILLIAMS			2. Female	3. May 10, 1972	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—(LAST BIRTHDAY (YEARS))	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White		5a. 88	5b. MOS. DAYS	5c. HOURS MIN.	6. 9-16-1883		7a. Spokane
CITY, TOWN, OR LOCATION OF DEATH		(INSIDE CITY LIMITS (SPECIFY YES OR NO))		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Spokane		7c. Yes		7d. Madison South			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Oregon		9. U.S.		10. Widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 531-10-8956 D		13a. Housewife		13b. Own Home			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		(INSIDE CITY LIMITS (SPECIFY YES OR NO))		STREET AND NUMBER
14a. Washington		14b. King	14c. Seattle		14d. Yes		14e. 4806 - 43rd. Avenue So.
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST MIDDLE LAST
15. Unobt.		Wilson			16. Unobt.		Unobt.
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mr. Fred Hecker				17b. W. 922-30th. Avenue - Spokane, Wn. 99203			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) Heart Failure & Pulmonary Edema						2 days	
DUE TO, OR AS A CONSEQUENCE OF:							
(b) Arteriosclerotic Heart Disease						years	
DUE TO, OR AS A CONSEQUENCE OF:							
(c) MAY 24 1972							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)	
						19a. No	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c. M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		4	27	72	TO	5	10
21b.		5	10	72	21c.	5	3
21d. DID NOT		21e. 11:00 AM		21f. 11:00 AM			
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							
THE DECEDENT WAS PRONOUNCED DEAD							
M. 22 MAY 10 1972							
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)	
22a. A. S. WEIKAND, M.D.		22b. A. S. WEIKAND		M.D.		22c. 5/10/72	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
23a. 2000 B'LOG		23b. SPOKANE, WASH.		23c. 99208			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. Removal		24b. Acacia Memorial Park		24c. Seattle, Washington			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. May 12, 1972		25a. Smith Funeral Home-1124 W. Riverside Avenue-Spokane, Wn. 99201					
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR			
25b. R. Messenger		25c. E. O. FLOEGER, M.D.		25d. 5-12-72			