

## WASHINGTON STATE DEPARTMENT OF HEALTH

STATE FILE NO. 12764

REG. DIST. NO. D-1

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 241

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Washington</u> b. COUNTY <u>Lewis</u>			
b. CITY, TOWN, OR LOCATION <u>Chehalis</u>			c. LENGTH OF STAY IN 1b <u>19 Days</u>	c. CITY, TOWN, OR LOCATION <u>Winlock</u>			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>MacMillans Nursing Home</u>				d. STREET ADDRESS <u>Rt. 1 Box 424</u>			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>MAGDALINE</u> Last <u>WEASE</u>				4. DATE OF DEATH Month <u>June</u> Day <u>16</u> Year <u>1962</u>			
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>6/9/1888</u>	9. AGE (In years last birthday) <u>74</u>	If Under 1 Year Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homemaker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>William Goebel</u>			
14. MOTHER'S MAIDEN NAME <u>Sophia Houck</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>Mattie Miller- Loneview, Washington</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> Conditions, if any, which give rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>HCV Dis.</u> DUE TO (c) <u>  </u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cirrhosis Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 Mo.</u> <u>years</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>  </u> a. m. <u>  </u> p. m. <u>  </u> Month, Day, Year <u>  </u>				JUL 12 1962			
20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1958</u> to <u>6/16/62</u> and last saw her <u>him</u> alive on <u>6/16/62</u> Death occurred at <u>8 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>W. Ryan M.D.</u>			
22b. ADDRESS <u>Alledo, Wash.</u>		22c. DATE SIGNED <u>6/17/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>18 June 62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial Gardens</u>		23d. LOCATION (City, town, or county) (State) <u>Chehalis, Washington</u>			
24. FUNERAL DIRECTOR <u>BOONE MORTUARY- Chehalis, Washington</u>				25. DATE RECD BY LOCAL REG. <u>6-18-62</u>		26. REGISTRAR'S SIGNATURE <u>  </u>	