

OFFICE
USE
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TYPE OR PRINT IN PERMANENT BLACK INK



146

3 14283

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1. NAME First Middle Last DOROTHY JOHANNA PEARCE				2. SEX (M / F) Female		3. DEATH DATE (Mo, Day, Yr) 3-13-1993									
4. AGE LAST BIRTH- DAY (Yrs) 88		5. UNDER 1 YEAR MOS DAYS ---		6. UNDER 1 DAY HOURS MINS ---		7. BIRTHDATE (Mo, Day, Yr) 4-13-1904		8. BIRTHPLACE (City, State or Foreign Country) Chicago, IL		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. COUNTY OF DEATH King			
11. CITY, TOWN OR LOCATION OF DEATH Seattle				12. PLACE OF DEATH— <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE Ida Culver House						13. SMOKING IN LAST 15 YEARS? (Yes / No) No					
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed				15. SURVIVING SPOUSE (if wife, give maiden name) -----				16. SOCIAL SECURITY NO. 532-22-4560		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) ---					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Co-Owner-Retired				19. KIND OF BUSINESS OR INDUSTRY Oil Heating Co.				20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: No				21. RACE (Specify) White			
22. RESIDENCE—NUMBER AND STREET 12505 Greenwood Ave N.				23. CITY/TOWN, OR LOCATION Seattle		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY King		25B. LENGTH OF RES. IN CO. 80 Yrs		26. STATE WA		27. ZIP CODE 98133	
28. FATHER'S NAME—FIRST, MIDDLE, LAST George Blunck								29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Greta Ott							
30. INFORMANT—NAME Jeri L. Jensen				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 530 Overlake Dr. E., Bellevue, WA 98004											
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation				33. DATE (Mo, Day, Yr) Mar. 16, 1993		34. CEMETERY/CREMATORY—NAME Washelli Crematory				35. LOCATION—CITY/TOWN, STATE Seattle, WA					
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>				37. NAME OF FACILITY Evergreen-Washelli Funeral Home				38. ADDRESS OF FACILITY Seattle, WA							
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Frank K. Mitchell MD</i>								43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X							
40. DATE SIGNED (Mo., Day, Yr) 3-15-93				41. HOUR OF DEATH (24 Hrs.) 1032				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) Frank Mitchell, MD 120 Northgate Plaza #101, Seattle, 98125								49. ME/CORONER FILE NUMBER NJA #918-93							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:															
IMMEDIATE CAUSE (Final disease or condition resulting in death). A. Pneumonia DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST. B. C. D. 51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Multi-infarct dementia Depression															
52. AUTOPSY? (Yes / No) No															
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes															
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)				55. INJURY DATE (Mo, Day, Yr)		56. HOUR OF INJURY (24 Hrs)		57. DESCRIBE HOW INJURY OCCURRED:							
58. INJURY AT WORK? (Yes / No)				59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)				60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE							
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X Charles W. Fry				63. DATE RECEIVED (Mo., Day, Yr.) MAR 17 1993							

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

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