

FACE ONLY

632

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

-3959-

VITAL RECORDS

CERTIFICATE OF DEATH

146-81

7105

STATE FILE NUMBER

TRICT

PIES

SPITAL

CUPANCE

SIDENCE

CT

UPATION

92

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

MAR 18 1981

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

1. NAME - FIRST, MIDDLE, LAST

James Howard ASHLEY

2. SEX

M

3. DEATH DATE (MO DAY YR)

Mar. 5, 1981

4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY)

White

5. AGE - LAST BIRTH-DAY (YRS)

67

6. UNDER 1 YEAR

MOS

7. UNDER 1 DAY

DAYS

8. BIRTHDATE (MO DAY YR)

March 19, 1913

9. COUNTY OF DEATH

Spokane

10. CITY, TOWN OR LOCATION OF DEATH

Spokane

11. PLACE OF DEATH - CHECK TYPE OF PLACE THEN GIVE ADDRESS OR INST NAME

1 AT SCENE 2 IN TRANSPORT 3 EMERG ROOM 4 HOSPITAL 5 NURSING HOME

Deaconess Hospital

12. RECEIVED EMERGENCY CARE: AMBULANCE, FIRETR, PARAMED?

No

YES/NC

13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

Kentucky

14. CITIZEN OF WHAT COUNTRY

U.S.A.

15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

Married

16. SPOUSE (IF WIFE GIVE MAIDEN NAME)

Florence E. Abraham

17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

Yes

18. SOCIAL SECURITY NO.

539 07 0244

19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.)

Oiler

20. KIND OF BUSINESS OR INDUSTRY

Highway Construction

21. RESIDENCE - NUMBER AND STREET

1306 So. 4th Street

22. CITY/TOWN, OR LOCATION

Dayton

23. INSIDE CITY LIMITS? (YES/NO)

Yes

24. COUNTY

Columbia

25. STATE

Washington

26. FATHER - NAME FIRST, MIDDLE, LAST

Howard

Ashley

27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST

Myrtle

Crump

28. INFORMANT - NAME

Mrs. James Ashley

29. MAILING ADDRESS

1306 So. 4th St., Dayton, WA

99328

30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)

Cremation

31. DATE (MO DAY YR)

March 7, 1981

32. CEMETERY/CREMATORY - NAME

Ball & Dodd Crematory

33. LOCATION - CITY/TOWN, STATE

Medical Lake, WA

34. FUNERAL DIRECTOR

SIGNATURE

X

35. NAME OF FACILITY

Ball & Dodd Funeral Home

36. ADDRESS OF FACILITY

S. 421 Division
Spokane, WA 99202

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED.

SIGNATURE

X

TITLE

38. DATE SIGNED (MO DAY YR)

3/6/81

39. HOUR OF DEATH (24 HRS)

0935

SIGNATURE

X

TITLE

42. DATE SIGNED (MO DAY YR)

43. HOUR OF DEATH (24 HRS)

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

44. PRONOUNCED DEAD (MO DAY YR)

45. HOUR PRONOUNCED DEAD (24 HRS)

46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

801 W. 5TH DEAC. MED. BUILDING #309 SPOKANE, WASHINGTON 99204

47. IMMEDIATE CAUSE

(ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))

(A)

DUE TO, OR AS A CONSEQUENCE OF:

Cerebral - Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

(B)

DUE TO, OR AS A CONSEQUENCE OF:

Probable Cerebral Embolus

INTERVAL BETWEEN ONSET AND DEATH

3-4 days

(C)

DUE TO, OR AS A CONSEQUENCE OF:

Recent Anterior M.I.

INTERVAL BETWEEN ONSET AND DEATH

post 2 wks.

48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.

49. AUTOPSY? (YES NO)

Yes

50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)

yes - PMS

51. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (SPECIFY)

52. INJURY DATE (MO DAY YR)

53. HOUR OF INJURY (24 HRS.)

54. DESCRIBE HOW INJURY OCCURRED.

55. INJURY AT WORK? (YES/NO)

56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)

57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE

58. REGISTRAR SIGNATURE

X

59. DATE RECEIVED (MO DAY YR)

MAR 06 1981

FOR STATE REGISTRAR USE ONLY

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE:

ITEM

DOCUMENTARY EVIDENCE:

REVIEWED BY:

DATE: