

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER

32

146-8

0 05328

STATE FILE NUMBER

1. NAME - FIRST, MIDDLE, LAST <b>THOMAS HENRY</b>		2. SEX <b>Male</b>	3. DEATH DATE (MO DAY YR) <b>3/9/80</b>		146-8		0 05328	
4. RACE (WHITE, BLACK, AM. IND. ETC. SPECIFY) <b>White</b>		5. AGE - LAST BIRTHDAY (MOS. DAYS) <b>45</b>	6. UNDER 1 YEAR MOS.	7. UNDER 1 DAY HOURS MINS.	8. BIRTHDATE (MO DAY YR) <b>May 6, 1934</b>		9. COUNTY OF DEATH <b>Jefferson</b>	
10. CITY, TOWN OR LOCATION OF DEATH <b>Port Townsend</b>			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 <b>434 Tyler St. 870</b>			12. RECEIVED EMERGENCY CARE AMBULANCE, FIRE TR., PARAMED? <b>YES</b>		
13. BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <b>Washington</b>		14. CITIZEN OF WHAT COUNTRY <b>USA</b>		15. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Divorced</b>		16. SPOUSE (IF WIFE GIVE MAIDEN NAME) <b>Sheila Schilke</b>		17. WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) <b>Yes</b>
18. SOCIAL SECURITY NO. <b>535-32-6088</b>			19. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <b>Appraiser</b>			20. KIND OF BUSINESS OR INDUSTRY <b>County Assessors Office</b>		
21. RESIDENCE - NUMBER AND STREET <b>434 Tyler St.</b>		22. CITY/TOWN, OR LOCATION <b>Port Townsend</b>		23. INSIDE CITY LIMITS? (YES/NO) <b>Yes</b>		24. COUNTY <b>Jefferson</b>		25. STATE <b>Washington</b>
26. FATHER - NAME FIRST, MIDDLE, LAST <b>Thomas Henry Baker Jr.</b>				27. MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <b>Laura Myhre</b>				
28. INFORMANT - NAME <b>Mrs. Anne B. Bustamante</b>			29. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>7502-20th NE, Seattle, Washington 98115</b>					
30. BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) <b>Cremation</b>		31. DATE (MO DAY YR) <b>March 31, 1980</b>		32. CEMETERY/CREMATORY - NAME <b>Mt. Angeles Crematory</b>		33. LOCATION - CITY/TOWN, STATE <b>Port Angeles, Washington</b>		
34. FUNERAL DIRECTOR SIGNATURE <b>Ronaldou Kozar</b>		35. NAME OF FACILITY <b>Owyen Funeral Home</b>			36. ADDRESS OF FACILITY <b>1615 Parkside Drive Port Townsend, Wash. 98368</b>			
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.				41. 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 <b>X</b>		TITLE		SIGNATURE <b>William E. Howard</b>		TITLE <b>Coroner</b>		
38. DATE SIGNED (MO DAY YR)		39. HOUR OF DEATH (24 HRS)		42. DATE SIGNED (MO DAY YR) <b>March 24, 1980</b>		43. HOUR OF DEATH (24 HRS) <b>est. 0700 hrs.</b>		
40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				44. PRONOUNCED DEAD (MO DAY YR) <b>March 9, 1980</b>		45. HOUR PRONOUNCED DEAD (24 HRS) <b>1300</b>		
46. NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT) <b>William E. Howard, 209 Quincy St., Port Townsend, Washington 98368</b>								
47. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C))								
(A) <b>Coronary Artery Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>		
(B) <b>Cirrhosis of the Liver</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>		
(C) <b>Chronic Alcoholism</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>		
48. OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE.						49. AUTOPSY? (YES/NO) <b>No</b>		
51. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (SPECIFY) <b>Accident</b>						50. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <b>Yes</b>		
52. INJURY DATE (MO DAY YR) <b>3/9/80</b>		53. HOUR OF INJURY (24 HRS) <b>est 0700 hrs.</b>		54. DESCRIBE HOW INJURY OCCURRED <b>found on floor of his residence</b>				
55. INJURY AT WORK? (YES/NO) <b>No</b>		56. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY) <b>Home</b>		57. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE <b>434 Tyler Street, Port Townsend, WA</b>				
58. REGISTRAR SIGNATURE <b>X</b>		59. DATE RECEIVED (MO DAY YR) <b>March 31, 1980</b>						

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

APR 11 1980

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

12 MONTHS

5 YEARS

20 YEARS

CERTIFIER

OFFICER OF DEATH

FOR STATE REGISTRAR

ITEM

DOCUMENTARY EVIDENCE: REVIEWED BY: DATE: ITEM

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