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146

4 10326

CERTIFICATE OF DEATH

STATE FILE NUMBER

LOCAL FILE NUMBER

199

1. DISTRICT

2. COPIES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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21. ACC LOC

22. QUERIES

23.

24.

1. NAME First Middle Last John Orlen FREEMIRE				2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) April 16, 1994							
4. AGE LAST BIRTH-DAY (Yrs) 45		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo, Day, Yr) Jan. 31, 1949		8. BIRTHPLACE (City, State or Foreign Country) California		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Lewis	
11. CITY, TOWN OR LOCATION OF DEATH Morton				12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 208 Main St. #1				13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes					
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (if wife, give maiden name) -				16. SOCIAL SECURITY NO. 560-78-5553		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 11					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Millworker		19. KIND OF BUSINESS OR INDUSTRY Lumber Mill		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 208 Main St. #1		23. CITY/TOWN, OR LOCATION Morton		24. INSIDE CITY LIMITS? (Yes / No) Yes		25A. COUNTY Lewis		25B. LENGTH OF RES. IN CO. 7 yrs.		26. STATE WA		27. ZIP CODE 98356	
28. FATHER'S NAME—FIRST, MIDDLE, LAST Theodore Wilson Freemire				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Esther Almedia Boston									
30. INFORMANT—NAME Mother: Esther Abraham				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 20720 SR 706 E., Elbe, Washington 98330									
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo, Day, Yr) Apr. 22, 1994		34. CEMETERY/CREMATORY—NAME Shoestring Cemetery				35. LOCATION—CITY/TOWN, STATE Onalaska, Washington					
36. FUNERAL DIRECTOR SIGNATURE <i>x Douglas P. Marshall</i>				37. NAME OF FACILITY BROWN MORTUARY SERVICE, INC.				38. ADDRESS OF FACILITY POB 1003, CHEHALIS, WA 98532					
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						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 <i>x [Signature]</i> Coroner							
40. DATE SIGNED (Mo., Day, Yr) April 22, 1994				41. HOUR OF DEATH (24 Hrs.)		44. DATE SIGNED (Mo., Day, Yr) April 22, 1994				45. HOUR OF DEATH (24 Hrs.) unk.			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr) April 20, 1994				47. HOUR PRONOUNCED DEAD (24 Hrs.) 0030			
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Terry Wilson, PA-C, Coroner, 1015 Big Hanaford Rd., Centralia, WA 98531						49. ME/CORONER FILE NUMBER 94052							
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:													
IMMEDIATE CAUSE (Final disease or condition resulting in death). 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.													
A. Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:													
B. Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:													
C. DUE TO, OR AS A CONSEQUENCE OF:													
D. DUE TO, OR AS A CONSEQUENCE OF:													
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:										52. AUTOPSY? (Yes / No) Yes		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				63. DATE RECEIVED (Mo., Day, Yr.) <i>Thomas A. Bell, M.D.</i> APR 22 1994					

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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