

199

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

4 10326

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	2. SEX (M / F)	3. DEATH DATE (Mo. Day, Yr)		
John		Orlen	FREEMIRE		Male	April 16, 1994		
4. AGE LAST BIRTH- DAY (Yrs)	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH		
45			Jan. 31, 1949	California	Yes	Lewis		
11. CITY, TOWN OR LOCATION OF DEATH			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 type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE			13. SMOKING IN LAST 15 YEARS? (Yes / No)		
Morton			208 Main St. #1			Yes		
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)		15. SURVIVING SPOUSE (If wife, give maiden name)			16. SOCIAL SECURITY NO.	17. DECEASED'S EDUCATION (Specify only highest grade completed)		
Divorced					560-78-5553	Elementary/Secondary (0-12) College (1-4 or 5+)		
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)		19. KIND OF BUSINESS OR INDUSTRY		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:		21. RACE (Specify)		
Millworker		Lumber Mill		Yes		No White		
22. RESIDENCE—NUMBER AND STREET		23. CITY/TOWN, OR LOCATION		24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO.	26. STATE	27. ZIP CODE
208 Main St. #1		Morton		Yes	Lewis	17 yrs.	WA	98356
28. FATHER'S NAME—FIRST, MIDDLE, LAST				29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME				
Theodore Wilson Freemire				Esther Almedia Boston				
30. INFORMANT—NAME			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP					
Mother: Esther Abraham			20720 SR 706 E., Elbe, Washington 98330					
32. BURIAL CREMATION REMOVAL, OTHER (Specify)		33. DATE (Mo. Day, Yr)	34. CEMETERY/CREMATORIAL NAME			35. LOCATION—CITY/TOWN, STATE		
Burial		Apr. 22, 1994	Shoestring Cemetery			Onalaska, Washington		
36. FUNERAL DIRECTOR SIGNATURE			37. NAME OF FACILITY			38. ADDRESS OF FACILITY		
<i>X</i> Douglas P. Mannikko			BROWN MORTUARY SERVICE, INC.			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.					TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER			
40. DATE SIGNED (Mo., Day, Yr)					41. HOUR OF DEATH (24 Hrs.)		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)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
					April 20, 1994		0030	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)					49. ME/CORONER FILE NUMBER			
Terry Wilson, PA-C, Coroner, 1015 Big Hanaford Rd., Centralia, WA 98531					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.		<p>A. Acute myocardial infarction DUE TO, OR AS A CONSEQUENCE OF:</p> <p>B. Atherosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF:</p> <p>C. DUE TO, OR AS A CONSEQUENCE OF:</p> <p>D. DUE TO, OR AS A CONSEQUENCE OF:</p>						INTERVAL BETWEEN ONSET AND DEATH
								Minutes
								INTERVAL BETWEEN ONSET AND DEATH
								Years
								INTERVAL BETWEEN ONSET AND DEATH
								INTERVAL BETWEEN ONSET AND DEATH
								INTERVAL BETWEEN ONSET AND DEATH
								INTERVAL BETWEEN ONSET AND DEATH
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:		52. AUTOPSY? (Yes / No)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)				
		Yes		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)		62. REGISTRAR SIGNATURE		63. DATE RECEIVED (Mo., Day, Yr)				
ITEM DOCUMENTARY EVIDENCE		REVIEWED BY DATE		<i>X</i> Thomas A. Bell, M.D.			APR 22 1994	