

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Public Health - Seattle & King County Vital Statistics
CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK



2735

146

LOCAL FILE NUMBER

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 NAME First Middle Last Carrie L. Carlson				2 SEX (M / F) Female		3 DEATH DATE (Mo. Day Yr) March 25, 1992		
4 AGE LAST BIRTH-DAY (Yrs) 94		5 UNDER 1 YEAR MOS DAYS HOURS MINS		6 UNDER 1 DAY		7 BIRTHDATE (Mo. Day Yr) 3-4-1898		
8 BIRTHPLACE (City, State or Foreign Country) Chicago, Illinois				9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH King		
11 CITY, TOWN OR LOCATION OF DEATH Kirkland				12 PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 HOME 2 IN TRANSPORT 3 EMERG RM/OUT PTN 4 HOSP 5 NUR HOME 6 OTHER PLACE Lake Vue Gardens Conv. Ctr.				
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (if wife, give maiden name) -----		16 SOCIAL SECURITY NO 532-24-4431		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker			19 KIND OF BUSINESS OR INDUSTRY Own Home		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 10101 N.E. 120th			23 CITY/TOWN OR LOCATION Kirkland		24 INSIDE CITY LIMITS? (Yes / No) Yes		25A COUNTY King	
26 STATE King			27 ZIP CODE 98033		28 FATHER'S NAME—FIRST, MIDDLE, LAST Albert Wilke		29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Gutleiben LAUBENGEIGER	
30 INFORMATION—NAME Mary I. Vaughn			31 MAILING ADDRESS 12603 S.E. 59th St.			32 CITY OR TOWN, STATE, ZIP Bellevue, Wa. 98006		
32 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Entombment		33 DATE (Mo. Day, Yr) 3-28-1992		34 CEMETERY/CREMATORY NAME Evergreen Memorial Park		35 LOCATION—CITY/TOWN, STATE Seattle, Wa. 98133		
36 FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>			37 NAME OF FACILITY Evergreen-Washelli Funeral Home			38 ADDRESS OF FACILITY Seattle, Wa. 98133		
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 <i>[Signature]</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) 3/25/92		41 HOUR OF DEATH (24 Hrs) 0015 Hrs.		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) Robert Kapanje, MD, 10558 5th N.E.; Seattle, Wa. 98125 365-0660						49 ME/CORONER FILE NUMBER		
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:								
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A Respiratory arrest				INTERVAL BETWEEN ONSET AND DEATH 5 minutes		
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 Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
		C aspiration				INTERVAL BETWEEN ONSET AND DEATH 48 hrs		
		D Alzheimer's Disease				INTERVAL BETWEEN ONSET AND DEATH 2 years		
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE urinary tract infection						52 AUTOPSY? (Yes / No) No		
54 ACC SUICIDE, HOMICIDE, 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 <i>[Signature]</i>		DATE RECEIVED (Mo., Day, Yr) MAR 27 1992		

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