

STATE OF WASHINGTON DEPARTMENT OF HEALTH



**OFFICE
USE
ONLY**

TYPE OR PRINT IN PERMANENT BLACK INK



146 **2 42659**
STATE FILE NUMBER

CERTIFICATE OF DEATH

1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
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21. ACC LOC
22. QUERIES
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24.

1. NAME First: RICHARD Middle: LEVI Last: MC CARTNEY			2. SEX (M / F) Male		3. DEATH DATE (Mo, Day, Yr) Oct. 15, 2002									
4. AGE LAST BIRTH-DAY (Yes) 75		5. UNDER 1 YEAR MOS: DAYS: HOURS: MINS:		6. UNDER 1 DAY HOURS: MINS:		7. BIRTHDATE (Mo, Day, Yr) Feb. 18, 1927		8. BIRTHPLACE (City, State or Foreign Country) Millwood, WA.		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes		10. COUNTY OF DEATH Thurston		
11. CITY, TOWN OR LOCATION OF DEATH Grand Mound						12. PLACE OF DEATH — <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RMOUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Home at 7402 195th. Ave.						13. SMOKING IN LAST 15 YEARS? (Yes / No) No		
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Married			15. SURVIVING SPOUSE (If wife, give maiden name) Judy Gunnell			16. SOCIAL SECURITY NO. 535-20-5985			17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): 12 College (1-4 or 5+):					
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Maintenance Tech.			19. KIND OF BUSINESS OR INDUSTRY U.S. Navy			20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No			21. RACE (Specify) White					
22. RESIDENCE — NUMBER AND STREET 7402 195th. Ave.			23. CITY/TOWN, OR LOCATION Rochester		24. INSIDE CITY LIMITS? (Yes / No) No		25A. COUNTY Thurston		25B. LENGTH OF RES. IN CO. 15 Yr		26. STATE WA		27. ZIP CODE 98579	
28. FATHER'S NAME — FIRST, MIDDLE, LAST George H. McCartney						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Louise C.H. Schulz								
30. INFORMANT — NAME Judy McCartney			31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 7402 195th. Ave. Rochester, WA. 98579											
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Crementation		33. DATE (Mo, Day, Yr) Oct. 17, 2002		34. CEMETERY/CREMATORY — NAME Olympic Crematory				35. LOCATION — CITY/TOWN, STATE Tumwater, Washington						
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>			37. NAME OF FACILITY Sticklin Funeral Chapel			38. ADDRESS OF FACILITY 1437 S. Gold St. Centralia, WA. 98531								
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER								
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> MD						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) October 16, 2002			41. HOUR OF DEATH (24 Hrs.) 0530			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) Lee Antles, M.D.						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) Lee Antles, M.D. 406 Yauger Way Suite A Olympia, WA. 98502						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. Coronary Artery disease								INTERVAL BETWEEN ONSET AND 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.		B. Post-pericardiotomy syndrome								INTERVAL BETWEEN ONSET AND DEATH				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		C. Hypertension								INTERVAL BETWEEN ONSET AND DEATH				
		D. Diabetes								INTERVAL BETWEEN ONSET AND DEATH				
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:						52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No						
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 [Signature]				63. DATE RECEIVED (Mo., Day, Yr) OCT 16 2002						

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/81) (formerly DSHS 9-150)