

1071-137

WASHINGTON STATE DEPARTMENT OF SOCIAL SERVICES  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
7937

OR PRINT IN  
PERMANENT INK

LOCAL FILE NUMBER

FIRST

MIDDLE

LAST

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

CITY OF DEATH

DECEASED—NAME **Earl Millard Parker** Male **April 26, 1978** **Grays Harbor**

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) **White** 2. AGE—LAST BIRTHDAY (YEARS) **69** 3. UNDER 1 YEAR MOS. DAYS 4. UNDER 1 DAY HOURS MIN. **July 1, 1908** 5. DATE OF BIRTH (MONTH, DAY, YEAR) 6. COUNTY OF DEATH **Grays Harbor**

7. CITY, TOWN, OR LOCATION OF DEATH **Aberdeen** 8. INSIDE CITY LIMITS (SPECIFY YES OR NO) **NO** 9. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Rt. 1 Box 326 C on Wishkah Rd.** 10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

11. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) **Canada** 12. U.S.A. 13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Divorced**

14. SOCIAL SECURITY NUMBER **537-50-3111** 15. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) **Road Construction** 16. KIND OF BUSINESS OR INDUSTRY **Grays Harbor Road Dept.**

17. RESIDENCE—STATE **Washington** 18. COUNTY **Grays Harbor** 19. CITY, TOWN, OR LOCATION **Aberdeen** 20. INSIDE CITY LIMITS (SPECIFY YES OR NO) **NO** 21. STREET AND NUMBER **Rt. 1 Box 326 C**

22. FATHER—NAME **Delbert Parker** 23. MOTHER—MAIDEN NAME **Alice Van Slyke**

24. INFORMANT—NAME **Dixie Parker** 25. MAILING ADDRESS **P.O. Box 278 Aberdeen, Washington 98520**

26. DEATH WAS CAUSED BY: **Probable Myocardial Infarction** 27. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)

28. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH, OR AS A CONSEQUENCE OF: **Brief**

29. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) (b) (c)

30. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) **DATE OF INJURY (MONTH, DAY, YEAR) HOUR** **HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)**

31. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) **LOCATION** **M. 200.** **(STREET OR R.F.D. NO., CITY OR TOWN, STATE)**

32. CERTIFICATION—PHYSICIAN: **MONTH DAY YEAR** **TO MONTH DAY YEAR** **AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR** **1 DID/DID NOT VIEW THE BODY AFTER DEATH. MONTH DAY YEAR** **AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.**

33. CERTIFIER—NAME (TYPE OR PRINT) **J. Blaine Jex** **Coroner** **ABOUT 6:00 A.M. 26 April 1978** **DATE SIGNED (MONTH, DAY, YEAR)** **12:35p.**

34. MAKING ADDRESS—CENTRIFUGER **c/o Grays Harbor Community Hosp.** **915 Anderson Dr. Hbquam, Wash. 98550** **ZIP**

35. BURIAL, CREMATION, REMOVAL **Burial** **St. John's Cemetery** **Aberdeen, Washington**

36. DATE **April 29, 1978** **Funeral Home—Name and Address** **Whiteside Memorial Chapel P.O. Box 900 Aberdeen, Wa. 98520**

37. FUNERAL DIRECTOR—SIGNATURE **James H. Tucker** **REGISTRAR—SIGNATURE** **James H. Tucker**

38. 1978

39. DSHS 9-187 (6-73)