STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH SERVICES DIVISION — BUREAU OF VITAL STATISTICS
OLYMPIA, WASHINGTON

Vol. M72 Page 9870

WASHINGTON STATE DEPARTMENT OF HEALTH — CERTIFICATE OF DEATH

STATE FILE NO. 20491

REG. DIST NO. 5740 — REGISTRAR'S NO.

1. PLACE OF DEATH
a. COUNTY: King
b. CITY, TOWN, OR LOCATION: Seattle
c. LENGTH OF STAY IN 1b: 6 yrs.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): In Puget Sound near 7200 Block Seaview Ave
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: WASHINGTON b. COUNTY: KING
c. CITY, TOWN, OR LOCATION: SEATTLE 7218
d. STREET ADDRESS: 6104 36th Ave N.W.
e. IS RESIDENCE INSIDE CITY LIMITS? Yes ☒ No ☐
f. IS RESIDENCE ON A FARM? Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Norman Middle F. Last Saunders
4. DATE OF DEATH: Month Oct Day 24 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-20-1906
9. AGE (In years last birthday): 53
If Under 1 Year: Months / Days / If Under 24 Hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: City of Seattle
11. BIRTHPLACE (State or foreign country): Potlatch, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Clarence Saunders
14. MOTHER'S MAIDEN NAME: unknown 9298
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) ww 2
16. SOCIAL SECURITY NO.: 519 09 3522
17. INFORMANT (Address): KING COUNTY CORONER CASE No. 2582

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxia
Conditions, if any, which give rise to above cause (a), stating the underlying cause last.
DUE TO (b): Drowning — + 10"
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
DIED WITHOUT MEDICAL ATTENDANCE
19. WAS AUTOPSY PERFORMED? Yes ☒ No ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.): Body Found Floating in Bay.
Circumstances Undetermined
20c. TIME OF INJURY Hour A.M. P.M. Month, Day, Year: 10-24-59
NOV 10 1959
20d. INJURY OCCURRED While at work ☐ Not while at work ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Puget Sound
20f. CITY, TOWN, OR LOCATION: SEATTLE — COUNTY: KING — STATE: WASH.

21. I attended the deceased from ? to ? and last saw her/him alive on ?
Death occurred at ? P m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Fred W. Wilson M.D.
22b. ADDRESS: 109 COUNTY-CITY BLDG. CORONERS AUTOPSY SURGEON
22c. DATE SIGNED: OCT 2 5 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/ 29/ 59
23c. NAME OF CEMETERY OR CREMATORY: Washelli Cemetery
23d. LOCATION (City, town, or county) (State): Seattle, Washington
24. FUNERAL DIRECTOR — ADDRESS: Wiggen & Sons Mortuary, Inc., Seattle
25. DATE RECD BY LOCAL REG.: OCT 27 1959
26. REGISTRAR'S SIGNATURE: E. P. Lehman

S. F. No. 7764—1-68—7004 3191R

SEP 1 2 29 PM 1972

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE COPY (PHOTOGRAPHIC) OF THE RECORD ON FILE WITH THE WASHINGTON STATE BUREAU OF VITAL STATISTICS, OLYMPIA, WASHINGTON.

WASHINGTON STATE BOARD OF HEALTH SEAL

Fred W. Goodrich
FRED W. GOODRICH
State Registrar of Vital Statistics
By:

HEA-478—10-71

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of KLAMATH COUNTY TITLE CO

this 1st day of SEPTEMBER A. D., 19 72 at 2:29 o'clock P.M., and duly recorded in Vol. M 72, of DEEDS on Page 9870

FEE $2.00

WM. D. MILNE, County Clerk

By Hazel Dragert