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

RECEIVED

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS

TYPE, OR PRINT IN PERMANENT INK

LOCAL FILE NUMBER 99

# CERTIFICATE OF DEATH

STATE FILE NUMBER 4073

**DECEASED**

1. DECEASED—NAME (FIRST, MIDDLE, LAST): Elmer Vernon EDGE
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): February 8, 1973
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White
5a. AGE—LAST BIRTHDAY (YEARS): 68
5b. UNDER 1 YEAR: MOS. / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): 1-13-05
7a. COUNTY OF DEATH: Kitsap
7b. CITY, TOWN, OR LOCATION OF DEATH: Bremerton
7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Naval Hospital
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Ohio
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Jeanette Anna BOSS
12. SOCIAL SECURITY NUMBER: 535 30 3889
13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): CWO-2 USN
13b. KIND OF BUSINESS OR INDUSTRY: U. S. Navy
14a. RESIDENCE—STATE: Washington
14b. COUNTY: Kitsap
14c. CITY, TOWN, OR LOCATION: Bremerton
14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e. STREET AND NUMBER: 1542 Sylvan Way

4124

(IF RESIDENCE OF DECEASED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.)

**PARENTS**

15. FATHER—NAME (FIRST, MIDDLE, LAST): John J. EDGE
16. MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Mary Edith BAIR
17a. INFORMANT—NAME: Patient Affairs Division Naval Hospital
17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Bremerton Washington 98314

**CAUSE**

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

| | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 18. IMMEDIATE CAUSE (a) | PNEUMONIA, ETIOLOGY UNDETERMINED | 7 Days |
| DUE TO, OR AS A CONSEQUENCE OF: (b) | RENAL FAILURE AND METABOLIC IMBALANCE | 7 Days |
| DUE TO, OR AS A CONSEQUENCE OF: (c) | ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE WITH FAILURE | 4 Months |

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (c), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c): PARTIAL COMMON BILE DUCT OBSTRUCTION, DUE TO CALCULUS

19a. AUTOPSY (YES OR NO): Yes
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: Yes

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b. DATE OF INJURY (MONTH, DAY, YEAR):
20c. HOUR:
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):
20e. INJURY AT WORK (SPECIFY YES OR NO):
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC.) (SPECIFY):
20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

**CERTIFIER**

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: 12-19-72 TO 2-8-73
21c. AND LAST SAW HIM/HER ALIVE ON: 2-8-73
21d. DID/DID NOT VIEW THE BODY AFTER DEATH: did
21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR): A. 9:55 M.

22a. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH
22b. THE DECEDENT WAS PRONOUNCED DEAD: MONTH / DAY / YEAR / HOUR M.
23a. CERTIFIER—NAME (TYPE OR PRINT): H. H. HARKINS
23b. SIGNATURE: H H Harkins
23c. DEGREE OR TITLE: CDR MC USN
23d. DATE SIGNED (MONTH, DAY, YEAR): 2-9-73
23e. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE): Naval Hospital Bremerton Washington 98314

3-12-73

**BURIAL**

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation
24b. CEMETERY OR CREMATORY—NAME: Forest Lawn Crematory
24c. LOCATION (CITY OR TOWN, STATE): Bremerton, Kitsap Co., Washington
24d. DATE (MONTH, DAY, YEAR): Feb. 12, 1973
25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): LEWIS FUNERAL CHAPEL, INC., 5303 Kitsap Way, Bremerton, Wash. 98310
25b. FUNERAL DIRECTOR—SIGNATURE: Richard E. Dyer
26a. REGISTRAR—SIGNATURE: Stanley Bentham, Jr.
26b. DATE RECEIVED BY LOCAL REGISTRAR: Feb. 13, 1973

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

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

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of J. EDGE

this 13th day of JANUARY A. D., 19 75 at 4:30 o'clock P M., and duly recorded in Vol. M 75, of DEEDS on Page 528

Robert J. Edge
1542 Sylvan Way
Bremerton Wn 98310

FEE $ 2.00

WM. D. MILNE, County Clerk
By Hazel Deputy