SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION

57140

Vol. M 78 Page 23740

CERTIFIED COPY OF DEATH CERTIFICATE

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

(71) LOCAL FILE NUMBER 2522 STATE FILE NUMBER

1 DECEASED—NAME (FIRST, MIDDLE, LAST): Arnold C App
2 SEX: Male
3 DATE OF DEATH (MONTH, DAY, YEAR): 04/01/78
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. SPECIFY): White
5a AGE—LAST BIRTHDAY (YEARS): 71
5b UNDER 1 YEAR: MOS. / DAYS
5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR): Mar. 13, 1907
7a COUNTY OF DEATH: King
7b CITY, TOWN, OR LOCATION OF DEATH: Renton
7c INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Valley Villa Care Center
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): South Dakota
9 CITIZEN OF WHAT COUNTRY: U. S. A.
10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucille C. Keimig
12 SOCIAL SECURITY NUMBER: 503-18-3143-A
13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Custodian
13b KIND OF BUSINESS OR INDUSTRY: Theatres
14a RESIDENCE—STATE: Washington
14b COUNTY: King
14c CITY, TOWN, OR LOCATION: Auburn
14d INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes
14e STREET AND NUMBER: 503 "L" Street S.E.
15 FATHER—NAME (FIRST, MIDDLE, LAST): Jacob - App
16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST): Sophie - Schmidt
17a INFORMANT—NAME: Mrs. Lucille C. App
17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 503 "L" Street S.E., Auburn, Washington 98002

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

18 IMMEDIATE CAUSE (a): Carcinoma of the Bowel — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO, OR AS A CONSEQUENCE OF (b):
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: 1-59
DUE TO, OR AS A CONSEQUENCE OF (c):

PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)
19a AUTOPSY (YES OR NO): NO
19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH:

20a ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY):
20b DATE OF INJURY (MONTH, DAY, YEAR):
20c HOUR: M
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):

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM: 02 09 1978
21b TO: 04 01 1978
21c AND LAST SAW HIM/HER ALIVE ON: 03 31 1978
21d I DID/DID NOT VIEW THE BODY AFTER DEATH: DID NOT
21e DEATH OCCURRED AT THE HOUR: 1.45 M
AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.

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: M
22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR): M

23a CERTIFIER—NAME (TYPE OR PRINT): F. JAVIER CORREA, M.D.
23b SIGNATURE: F. Javier Correa
DEGREE OR TITLE: M.D.
23c DATE SIGNED (MONTH, DAY, YEAR): 04/03/1978
23d MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 4430 TALBOT RD S RENTON WA 98055

24a BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b CEMETERY OR CREMATORY—NAME: Gethsemane Cemetery
24c LOCATION—CITY OR TOWN, STATE: Federal Way, Washington
24d DATE (MONTH, DAY, YEAR): April 6, 1978
25a FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Yahn & Son Funeral Home P. O. Box 7, Auburn, Washington 98002
25b FUNERAL DIRECTOR—SIGNATURE: Kenneth Yahn
26a REGISTRAR—SIGNATURE: Dawn Dougan
26b DATE RECEIVED BY LOCAL REGISTRAR: APR 13 1978

Lucille App
1409 2nd St NE
Auburn, Wa 98002

NOT A CERTIFIED COPY UNLESS RAISED SEAL OF THE HEALTH DEPARTMENT AND ORIGINAL COUNTERSIGNATURE APPEAR HEREON.

I HEREBY CERTIFY, That the foregoing is a true, full and correct copy of the original Certificate of Death on file in this office.

DIRECTOR OF PUBLIC HEALTH
By L. Kollerson
Seattle, Wash. APR 10 1978

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 23rd day of October A.D., 1978 at 2:33 o'clock P M., and duly recorded in Vol M78, of Deeds on Page 23740.

FEE $3.00

WM. D. MILNE, County Clerk
By Bernetha Welsh Deputy

OCT 23 PM 2:33