MTC-8126

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SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION

Vol. M 79 Page 18883

CERTIFIED COPY OF DEATH CERTIFICATE

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

NT IN IK LOCAL FILE NUMBER 1294

CERTIFICATE OF DEATH

STATE FILE NUMBER

1 DECEASED - NAME (FIRST / MIDDLE / LAST)	Lester	James	Leach	2 SEX	Male
3 DATE OF DEATH (MONTH, DAY, YEAR)	June 1, 1978				
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))	White	5a AGE LAST BIRTHDAY (YEARS)	55	5b UNDER 1 YEAR MOS. / DAYS	5c UNDER 1 DAY HOURS / MIN
6 DATE OF BIRTH (MONTH, DAY, YEAR)	Dec 12, 1922	7a COUNTY OF DEATH	King		
7b CITY, TOWN, OR LOCATION OF DEATH	Seattle	7c INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	7d HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	USPHS Hospital POB 3145 Seattle Wa 98114
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	Oregon	9 CITIZEN OF WHAT COUNTRY	USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	Married
11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	Doris N/R				
12 SOCIAL SECURITY NUMBER	N/R	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	Seaman	13b KIND OF BUSINESS OR INDUSTRY	
14a RESIDENCE - STATE	Oregon	14b COUNTY	Lane	14c CITY, TOWN, OR LOCATION	Creswell
14d INSIDE CITY LIMITS (SPECIFY YES OR NO)	Yes	14e STREET AND NUMBER	80916 N LaJoie Rd		
15 FATHER - NAME (FIRST / MIDDLE / LAST)	William Jasper Leach	16 MOTHER - MAIDEN NAME (FIRST / MIDDLE / LAST)	Nanna Belle Dozier		
17a INFORMANT - NAME	Hospital record	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	USPHS Hospital POB 3145 Seattle Wa 98114		

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

18 IMMEDIATE CAUSE 4109
(a) Cardiac Arrest
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
DUE TO, OR AS A CONSEQUENCE OF
(b) Arrhythmias and failure
DUE TO, OR AS A CONSEQUENCE OF
(c) Massive anterior acute myocardial infarct

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(c))
None

19a AUTOPSY (YES OR NO)	Yes	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)	

CERTIFICATION—PHYSICIAN:

21a I ATTENDED THE DECEASED FROM (MONTH)	5	(DAY) 12	(YEAR) 78	TO 21b (MONTH) 6	(DAY) 1	(YEAR) 78	21c AND LAST SAW HIM/HER ALIVE ON (MONTH) 6	(DAY) 1	(YEAR) 78	21d I DID/DID NOT VIEW THE BODY AFTER DEATH	did not
21e DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED	4:20p M										

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

22a HOUR OF DEATH	M	22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH)	(DAY)	(YEAR)	(HOUR) M
23a CERTIFIER—NAME (TYPE OR PRINT)	A R Thompson, MD	23b SIGNATURE	A R Thompson	DEGREE OR TITLE MD	23c DATE SIGNED (MONTH, DAY, YEAR) June 2, 1978
23d MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	US Public Health Service Hospital PO Box 3145 Seattle Washington 98114				

24a BURIAL, CREMATION, REMOVAL (SPECIFY)	Burial	24b CEMETERY OR CREMATORY - NAME	Lane Memorial Gardens	24c LOCATION (CITY OR TOWN)	Eugene (STATE) Oregon
24d DATE (MONTH, DAY, YEAR)	June 5, 1978	25a FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	Smith-Lund-Mills Funeral Chapel, 617 Washington,		Cottage Grove Oregon
25b FUNERAL DIRECTOR - SIGNATURE	Robert L Clark	26a REGISTRAR		26b DATE RECEIVED BY LOCAL REGISTRAR	JUN 7 1978

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

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

LAWRENCE BERGNER M.D.
DIRECTOR OF PUBLIC HEALTH

By

Seattle, Wash. JUN 13 1978

MTC

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 8th day of August A.D., 1979 at 10:46 o'clock A M., and duly recorded in Vol M79 of Deeds on Page 18883.

FEE $3.50

WM. D. MILNE, County Clerk

By Dorothea M. Leach Deputy

AM 10 46 AUG 8 1979