

## Certified Copy of Death Certificate

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
VITAL RECORDS

## CERTIFICATE OF DEATH

LOCAL FILE NUMBER <b>960</b>		STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES VITAL RECORDS		146-8	
1 NAME - FIRST, MIDDLE, LAST <b>MARVIN CHARLES FRAZIER</b>		2 SEX <b>Male</b>		3 DEATH DATE (MO DAY YR) <b>Nov. 4, 1982</b>	
4 RACE (WHITE, BLACK, AM IND 5 AGE - LAST BIRTH- 6 UNDER 1 YEAR <b>White 56</b>		7 UNDER 1 DAY <b>Nov. 19, 1925</b>		8 BIRTHDATE (MO DAY YR) <b>Kitsap</b>	
10 CITY, TOWN OR LOCATION OF DEATH <b>Bremerton</b>		11 PLACE OF DEATH - <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Harrison Memorial Hospital</b>		12 RECEIVED EMERGENCY CARE <b>No YES/NO</b>	
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) <b>USA</b>		14 CITIZEN OF WHAT COUNTRY <b>Oregon</b>		15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>	
16 SOCIAL SECURITY NO <b>540-24-7198</b>		17 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED.) <b>Senior Service Engineer</b>		18 KIND OF BUSINESS OR INDUSTRY <b>Bell &amp; Howell</b>	
21 RESIDENCE - NUMBER AND STREET <b>2570 N.E. William Sutton Rd. Silverdale</b>		22 CITY/TOWN, OR LOCATION <b>No</b>		23 INSIDE CITY LIMITS (YES/NO) <b>Kitsap</b>	
24 COUNTY <b>Washington</b>		25 STATE <b>Washington</b>		26 FATHER - NAME FIRST, MIDDLE, LAST <b>Marvin C. Frazier</b>	
27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST <b>Dorothy Potter</b>		28 INFORMANT - NAME <b>Tina Frazier (Wife)</b>		29 MAILING ADDRESS <b>P.O. Box 772 - Silverdale, Wa. 98383</b>	
30 BURIAL, CREMATION, REMOVAL OTHER (SPECIFY) <b>Cremation</b>		31 DATE (MO DAY YR) <b>Nov. 10, 1982</b>		32 CEMETERY/CREMATORY - NAME <b>Miller-Woodlawn Memorial Park Bremerton, Washington</b>	
33 NAME OF FACILITY <b>Miller-Woodlawn Funeral Home</b>		34 ADDRESS OF FACILITY <b>5505 Kitsap Way Bremerton, Wa.</b>		35 ZIP <b>98312</b>	
37 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>Arthur B. Lee M.D.</b>			41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <b>X</b>		
38 DATE SIGNED (MO DAY YR) <b>11/7/82</b>			39 HOUR OF DEATH (24 HRS) <b>1927</b>		
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Arthur Lee, M.D. - 2601 Cherry - Bremerton, Wa. 98310</b>			42 DATE SIGNED (MO DAY YR)		
43 HOUR OF DEATH (24 HRS)			44 PRONOUNCED DEAD (MO DAY YR)		
45 HOUR PRONOUNCED DEAD (24 HRS)			46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)		
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C)) (A) <b>Cardiovascular collapse</b> (B) <b>Constrictive heart failure</b> (C) <b>acute myocardial infarction</b>			48 OTHER SIGNIFICANT CONDITIONS-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE		
49 AUTOPSY? (YES/NO) <b>No</b>			50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO) <b>Yes</b>		
51 ACC, SUICIDE, HON, UNDET, OR 52 INJURY (DATE (MO DAY YR) 53 HOUR OF INJURY (24 HRS) 54 DESCRIBE HOW INJURY OCCURRED. PENDING INVEST (SPECIFY)			55 INJURY AT WORK? (YES/NO) 56 PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)		
57 LOCATION - STREET OR RFD NO., CITY/TOWN, STATE			58 REGISTRAR SIGNATURE <b>Willa A. Fisher, M.D., MPH</b>		
59 DATE RECEIVED (MO DAY YR) <b>NOV 9 1982</b>					

This is to certify that the foregoing is a true, full, and correct copy of the original certificate of death of **MARVIN CHARLES FRAZIER** temporarily on file in this office.

The original certificate from which this copy has been made will be permanently filed at the Bureau of Vital Statistics, PO Bx 9709, Olympia, WA 98504. (206) 753-5937  
S. F. No. 9971-OS-9-67.

By **Willa A. Fisher, M.D., MPH**  
Health Officer and Registrar  
**BREMERTON**, Wash., **9 Nov.** 19 **82**

STATE OF OREGON: COUNTY OF KLAMATH: ss  
I hereby certify that the within instrument was received and filed for record on the **22nd** day of **November** A.D., 19 **83** at **9:54** o'clock **A** M, and duly recorded in Vol **m83**, of Deeds on page **19989**.

EVELYN BIEHN, COUNTY CLERK

by **Ann Smith**, deputy

Fee \$ **4.00**