52552
122-8
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

Vol M85 Page 13637

146-8

STATE FILE NUMBER 85135889

HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEM 5.

IMMEDIATE CAUSE STATING UNDERLYING CAUSE LAST.

1 NAME FIRST MIDDLE LAST	2 SEX	3 DEATH DATE (MO DAY YR)			
EVELYN DOROTHY FLOCKOI	Female	July 12, 1985			
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY))	5 AGE LAST BIRTH DAY (YRS)	6 UNDER 1 YEAR MOS / DAYS	7 UNDER 1 DAY HOURS / MINS	8 BIRTHDATE (MO DAY YR)	9 COUNTY OF DEATH
White	76			June 5, 1909	Snohomish
10 CITY, TOWN OR LOCATION OF DEATH	11 PLACE OF DEATH (X BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0 [X] HOME 2 [ ] IN TRANSPORT 3 [ ] EMERG RM/OUT PTN 4 [ ] HOSP 5 [ ] NUR HOME 7 [ ] OTHER PLACE				12 RECEIVED EMERGENCY CARE AMBULANCE FIRE/TX PARAMED?
Edmonds	1050 5th Ave. S.				No YES/NO
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)	14 CITIZEN OF WHAT COUNTRY	15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	16 SPOUSE (IF WIFE GIVE MAIDEN NAME)		17 WAS DECEDENT EVER IN US ARMED FORCES? (YES/NO)
Montana	U.S.A.	Married	Erling Jerome Flockoi		No
18 SOCIAL SECURITY NO	19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)		20 KIND OF BUSINESS OR INDUSTRY		
536-24-0704	Housewife		Home		
21 RESIDENCE NUMBER AND STREET	22 CITY/TOWN OR LOCATION	23 INSIDE CITY LIMITS? (YES/NO)	24 COUNTY		25 STATE
P.O. Box 263	East Sound	No	San Juan		Washington
26 FATHER NAME FIRST MIDDLE LAST		27 MOTHER MAIDEN NAME FIRST MIDDLE LAST			
Joachim Peterson		Caroline Thompson			
28 INFORMANT NAME	29 MAILING ADDRESS (STREET OR RFD NO)	(CITY OR TOWN)	(STATE)	(ZIP)	
Erling J. Flockoi	P.O. Box 263	East Sound,	WA	98245	
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY)	31 DATE (MO DAY YR)	32 CEMETERY/CREMATORY NAME		33 LOCATION (CITY, TOWN, STATE)	
Burial	July 15, 1985	Green Acres Memorial Park		Ferndale, Washington	
34 FUNERAL DIRECTOR SIGNATURE	35 NAME OF FACILITY		36 ADDRESS OF FACILITY		
X John Loftus	Moles Funeral Home		Box 279, Ferndale, WA 98248		

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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
X Kenneth H. Shibata M.D.

38 DATE SIGNED (MO DAY YR)
July 15, 1985

39 HOUR OF DEATH (24 HRS)
1615

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
X

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)
Dr. Kenneth H. Shibata M.D., 1530 N. 115th, #303, Seattle, WA 98133

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) and (C).)

(A) Gastrointestinal Hemorrhage — DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH

(B) — DUE TO, OR AS A CONSEQUENCE OF — INTERVAL BETWEEN ONSET AND DEATH

(C) — INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE
Metastatic cervical cancer, ASCVD

49 AUTOPSY? (YES/NO)	50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/NO)
No	No

51 ACC, SUICIDE, HOM, UNDET OR PENDING INVEST (SPECIFY)	52 INJURY DATE (MO DAY YR)	53 HOUR OF INJURY (24 HRS)	54 DESCRIBE HOW INJURY OCCURRED

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
X Claris Shyatt, M.D., M.P.H.

59 DATE RECEIVED (MO DAY YR)
JUL 18 1985

FOR STATE REGISTRAR USE ONLY	ITEM	DOCUMENTARY EVIDENCE	REVIEWED BY	DATE

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THIS IS TO CERTIFY THE ABOVE IS A TRUE AND CORRECT PHOTOSTATIC COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

Claris Shyatt, M.D., M.P.H.
Health Officer and Registrar
Snohomish Health District
Courthouse
Everett, Washington 98201

Dated: JUL 18 1985

Joretha A. Hutchins, Chief Deputy

AFTER RECORDING
Return to:
Neal G Buchanan
Attorney at Law
601 Main Suite 2
K. Falls, OR 97601

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 27th day of August A.D., 19 85 at 11:06 o'clock A M., and duly recorded in Vol. M85, of Deeds on Page 13637.

FEE $5.00

Evelyn Biehn, County Clerk
By _____