58633

Ret: A.T.C.

'86 FEB 27 AM 10 29

Vol M86 Page 3310

ATC 29670

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF HEALTH

9606

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

CERTIFICATE OF DEATH

LOCAL FILE NUMBER

DECEDENT

1 NAME FIRST MIDDLE LAST: William J. Bibby
2 SEX: Male
3 DEATH DATE (MO DAY YR): Nov. 13, 1985
STATE FILE NUMBER: 146-8
4 RACE (WHITE, BLACK, AM IND ETC (SPECIFY)): White
5 AGE LAST BIRTH DAY (YRS): 78
6 UNDER 1 YEAR MOS DAYS
7 UNDER 1 DAY HOURS MINS
8 BIRTHDATE (MO DAY YR): July 28, 1907
9 COUNTY OF DEATH: King
10 CITY, TOWN OR LOCATION OF DEATH: Renton
11 PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM OUT PTN 4 ☐ HOSP 5 ☐ NUR HOME 7 ☐ OTHER PLACE: Valley Medical Center
12 RECEIVED EMERGENCY CARE (AMBULANCE FIRST IN PHARMED): Yes
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): Canada
14 CITIZEN OF WHAT COUNTRY: USA
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: Married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Margaret Evans
17 WAS DECEDENT EVER IN US ARMED FORCES? (YES/NO): No
18 SOCIAL SECURITY NO: 535-05-7220
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Power Station Operator
20 KIND OF BUSINESS OR INDUSTRY: Milwaukee Railroad
21 RESIDENCE NUMBER AND STREET: 8219 S. 130th
22 CITY, TOWN OR LOCATION: Seattle
23 INSIDE CITY LIMITS? (YES/NO): No
24 COUNTY: King
25 STATE: Washington

PARENTS

26 FATHER NAME FIRST MIDDLE LAST: Robert Bibby
27 MOTHER MAIDEN NAME FIRST MIDDLE LAST: Teresa Hickey

DISPOSITION

28 INFORMANT NAME: Margaret Bibby
29 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): 8219 S. 130th, Seattle, WA 98178
30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31 DATE (MO DAY YR): Nov. 16, 1985
32 CEMETERY/CREMATORY NAME: Mt. Olivet Cemetery
33 LOCATION, CITY, TOWN, STATE: Renton, Washington
34 FUNERAL DIRECTOR SIGNATURE: X Leslie Baehle
35 NAME OF FACILITY: Faull Renton Funeral Home
36 ADDRESS OF FACILITY: 300 S. 3rd St.-Renton, WA

CERTIFIER

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 [signature] M.D.
38 DATE SIGNED (MO DAY YR): 11/13/85
39 HOUR OF DEATH (24 HRS): 8:50 a.m.
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): Dr. Daniel L. Graves, M.D. 4300 Talbot Rd. S. Renton, WA 98055

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)

CAUSE OF DEATH

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C).)
(A) Cardiopulmonary arrest
DUE TO, OR AS A CONSEQUENCE OF
(B) Possible myocardial infarction
DUE TO, OR AS A CONSEQUENCE OF
(C)
INTERVAL BETWEEN ONSET AND DEATH: (A) 50 minutes; (B) 50 minutes; (C)
48 OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: Metastatic prostatic carcinoma
49 AUTOPSY? (YES/NO): No
50 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (YES/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 [signature]
59 DATE RECEIVED (MO DAY YR): NOV 18 1985

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

By [signature]
NOV 19 1985

DSHS 9-641A (5/85)

This is a certified copy unless raised seal of the Health Department and original countersignature appear

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH VITAL RECORDS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of February A.D., 19 86 at 10:29 o'clock A M., and duly recorded in Vol. M86 of Deeds on Page 3310 the 27th day.

FEE $5.00

Evelyn Biehn, County Clerk
By [signature]