DIVISION OF HEALTH

71136 CERTIFIED COPY OF DEATH CERTIFICATE

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8113

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS

LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

STATE FILE NUMBER 146-8

**DECEDENT**

1 NAME FIRST, MIDDLE, LAST: JOSEPH O DUNSTAN
2 SEX: MALE
3 DEATH DATE (MO DAY YR): SEP 26, 1986
4 RACE (WHITE, BLACK, AM IND, ETC (SPECIFY)): white
5 AGE LAST BIRTH DAY (YRS): 63
6 UNDER 1 YEAR — MOS / DAYS
7 UNDER 1 DAY — HOURS / MINS
8 BIRTHDATE (MO DAY YR): MAR 14, 1923
9 COUNTY OF DEATH: KING
10 CITY, TOWN OR LOCATION OF DEATH: Seattle
11 PLACE OF DEATH (BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) 0 ☐ HOME 2 ☐ INTRANSPORT 3 ☐ EMERG AM-OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 7 ☐ OTHER PLACE: University Hospital
12 RECEIVED EMERGENCY CARE (AMBULANCE, FIRE/TR PARAMED)? (YES/NO): No
13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): California
14 CITIZEN OF WHAT COUNTRY: US
15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: married
16 SPOUSE (IF WIFE GIVE MAIDEN NAME): Betty R. Smith
17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO): Yes
18 SOCIAL SECURITY NO: 553-26-5790
19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): Maintenance Engineer
20 KIND OF BUSINESS OR INDUSTRY: University of Washington
21 RESIDENCE NUMBER AND STREET: 12941 N.E. 147th Pl.
22 CITY/TOWN OR LOCATION: Kirkland
23 INSIDE CITY LIMITS? (YES/NO): No
24 COUNTY: King
25 STATE: Wa.

**PARENTS**

26 FATHER NAME FIRST, MIDDLE, LAST: Joseph C. Dunstan
27 MOTHER MAIDEN NAME FIRST, MIDDLE, LAST: U Whitney

**INFORMANT**

28 INFORMANT NAME: Betty R. Dunstan (wife)
29 MAILING ADDRESS (STREET OR RFD NO, CITY OR TOWN, STATE, ZIP): 12941 N.E. 147thPl., Kirkland, Wa. 98034

**DISPOSITION**

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): Cremation
31 DATE (MO DAY YR): Sept. 30, 1986
32 CEMETERY/CREMATORY NAME: Sunset Crematory
33 LOCATION, CITY, TOWN, STATE: Bellevue, Wa.
34 FUNERAL DIRECTOR SIGNATURE: X Lucy Harrison
35 NAME OF FACILITY: Green Funeral Home
36 ADDRESS OF FACILITY: 1215 145th Pl. SE Bellevue, Wa. 98007

**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 Odette Batik, MD
38 DATE SIGNED (MO DAY YR): 9/26/86
39 HOUR OF DEATH (24 HRS): 22:33
40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): Sam Eggertsen, MD
41 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): Odette BATIK, MD 1959 NE PACIFIC SEATTLE WA 98195

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):

**CAUSE OF DEATH**

44 PRONOUNCED DEAD (MO DAY YR):
45 HOUR PRONOUNCED DEAD (24 HRS):
47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (C)
(A) Cardio-Respiratory Arrest — INTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF
(B) Gastric carcinoma — INTERVAL BETWEEN ONSET AND DEATH
DUE TO OR AS A CONSEQUENCE OF
(C) — INTERVAL BETWEEN ONSET AND DEATH
48 OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: None
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

'87 FEB 6 PM 3 06

58 REGISTRAR SIGNATURE: X Thomas M. Swarts
59 DATE RECEIVED (MO DAY YR): OCT 1 1986

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

Richard D. Wilkins MD
By
Seattle, Wash.
OCT 3 1986

Not a certified copy unless raised seal of the Health Department and original countersignature appear hereon.

DSHS 9-641A (11/86)

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 87 at 3:06 o'clock P M., and duly recorded in Vol. M87 of Deeds on Page 1947 the 6th day.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Return: Betty R. Dunstan Box 82, Lincoln City, Oregon 97367