

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

CERTIFIED COPY OF DEATH CERTIFICATE

ASPEA 33568

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

VITAL RECORDS

CERTIFICATE OF DEATH

1715

LOCAL FILE NUMBER

1 NAME FIRST MIDDLE LAST

MURIEL JEAN KNERR

2 SEX

FEMALE

3 DEATH DATE (MO DAY YR)

FEB. 22, 1987

146-8

STATE FILE NUMBER

4 RACE (WHITE, BLACK, AM. IND. ETC. (SPECIFY))

white

5 AGE LAST BIRTH DAY (YRS)

55

6 UNDER 1 YEAR

MO. DAYS

7 UNDER 1 DAY

HOURS MINS

8 BIRTH DATE (MO DAY YR)

Oct. 26, 1931

9 COUNTY OF DEATH

KING

10 CITY, TOWN OR LOCATION OF DEATH

SEATTLE

11 PLACE OF DEATH (a) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME

UNIVERSITY HOSPITAL

12 RECEIVED EMERGENCY CARE

yes YES/NO

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY)

Pennsylvania

14 CITIZEN OF WHAT COUNTRY

USA

15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

married

16 SPOUSE (IF WIFE GIVE MAIDEN NAME)

Donald Knerr

17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO)

yes

18 SOCIAL SECURITY NO

173 26 0586

19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED)

Registered Nurse

20 KIND OF BUSINESS OR INDUSTRY

State Of Washington

21 RESIDENCE - NUMBER AND STREET

7071 94th Ave. S.E.

22 CITY/TOWN OR LOCATION

Mercer Island

23 INSIDE CITY LIMITS? (YES/NO)

yes

24 COUNTY

King

25 STATE

Washington

26 FATHER - NAME FIRST MIDDLE LAST

William Kohler

27 MOTHER - MAIDEN NAME FIRST MIDDLE LAST

Naomi Schofield

28 INFORMANT - NAME

Donald Knerr (husband)

29 MAILING ADDRESS

7071 94th Ave. S.E., Mercer Island, Washington 98040

30 STREET OR RFD NO

7071 94th Ave. S.E.

31 CITY OR TOWN

Mercer Island

32 STATE

Washington

33 BURIAL CREMATION REMOVAL OTHER (SPECIFY)

Cremation

34 DATE (MO DAY YR)

Feb. 25, 1987

35 CEMETERY CREMATORY NAME

Sunset Crematory

36 LOCATION CITY TOWN STATE

Bellevue, Washington

37 SIGNATURE OF PHYSICIAN

Timothy McCulloch

38 NAME OF FACILITY

GREEN FUNERAL HOME, 1215 145th Pl. SE, Bellevue, WA 98007

39 ADDRESS OF FACILITY

1215 145th Pl. SE, Bellevue, WA 98007

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

37 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED

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

38 SIGNATURE AND TITLE

Timothy McCulloch, M.D.

39 SIGNATURE AND TITLE

Timothy McCulloch, M.D.

42 DATE SIGNED (MO DAY YR)

2/22/87

43 HOUR OF DEATH (24 HRS)

1435

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

Timothy McCulloch, M.D.

44 PRONOUNCED DEAD (MO DAY YR)

2/22/87

45 HOUR PRONOUNCED DEAD (24 HRS)

1435

46 NAME AND ADDRESS OF CERTIFIER - PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT)

Timothy McCulloch, M.D.

47 IMMEDIATE CAUSE

CARDIOpulmonary Arrest

INTERVAL BETWEEN ONSET AND DEATH

(A) DUE TO OR AS A CONSEQUENCE OF

Adult Respiratory Distress Syndrome

INTERVAL BETWEEN ONSET AND DEATH

(B) DUE TO OR AS A CONSEQUENCE OF

CORONARY ARTERY DISEASE

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH

(C) OTHER SIGNIFICANT CONDITIONS

PNEUMONIA

CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE

48 AUTOPSY? (YES/NO)

YES

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

No

51 ACC. SUICIDE HOW UNDERT 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, ETC. (SPECIFY)

57 LOCATION - STREET OR RFD NO CITY TOWN STATE

58 REGISTER SIGNATURE

Timothy McCulloch

59 DATE RECEIVED (MO DAY YR)

FEB 26 1987

60 SIGNATURE

Timothy McCulloch

61 SIGNATURE

Timothy McCulloch

62 SIGNATURE

Timothy McCulloch

63 SIGNATURE

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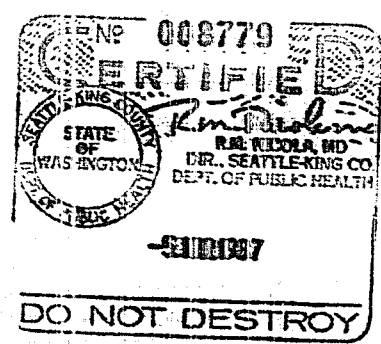
Timothy McCulloch

127 SIGNATURE

Timothy McCulloch</

15227

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15227



STATE OF OREGON,
County of Klamath ss.

Filed for record at request of:

Aspen Title Co.

on this 16th day of Aug. A.D., 1989
at 3:51 o'clock PM. and duly recorded
in Vol. M89 of Deeds Page 15226.

Evelyn Biehn County Clerk
By R. M. Kidola Deputy.

Fee, \$13.00

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