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STATE OF WASHINGTON
DEPARTMENT OF HEALTH

01072
LOCAL FILE NUMBER

STATE OF WASHINGTON DEPARTMENT OF HEALTH
VITAL RECORDS

CERTIFICATE OF DEATH

MTC 29988

146
STATE FILE NUMBER

DECEDENT

1. NAME—FIRST MIDDLE LAST: ROBERT EDWARD HANSEN
2. SEX: Male
3. DEATH DATE (Mo. Day Yr.): Nov.22,1990
4. AGE LAST BIRTHDAY (Yrs): 63
5. UNDER 1 YEAR (MOS DAYS):
6. UNDER 1 DAY (HOURS MINS):
7. BIRTHDATE (Mo. Day Yr.): Nov.02,1927
8. BIRTH STATE (if not in USA give country): Conn.
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. COUNTY OF DEATH: Kitsap
11. CITY, TOWN OR LOCATION OF DEATH: Bainbridge Island
12. PLACE OF DEATH: Home 12024 Pleasant Pl. N.E.
13. SMOKING IN LAST 15 YEARS? (Yes, No): No
14. MARITAL STATUS: Married
15. SURVIVING SPOUSE (if wife give maiden name): Margaret Lee Williams
16. WAS DECEDENT EVER IN US ARMED FORCES? (Yes, No): Yes
17. SOCIAL SECURITY NO: 080-20-6954
18. HIGH SCHOOL GRADUATE?: Yes
19. USUAL OCCUPATION: Toll Transmission Man
20. KIND OF BUSINESS OR INDUSTRY: Telecommunications
21. Was Decedent of Hispanic Origin or descent?: XX No
22. RACE: White
23. RESIDENCE - NUMBER AND STREET: 12024 Pleasant Pl. N.E.
24. CITY/TOWN, OR LOCATION: Bainbridge I.
25. INSIDE CITY LIMITS? (Yes/No): No
26. COUNTY: Kitsap
27. STATE: WA
28. ZIP CODE: 98110

PARENTS

29. FATHER'S NAME—FIRST MIDDLE LAST: Edward Emil Hansen
30. MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME: Dora Marian Bergeron
31. INFORMANT—NAME: Margaret Hansen
32. MAILING ADDRESS: 12024 Pleasant Pl. N.E. Bainbridge Isl. WA. 98110
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
34. DATE (Mo. Day Yr.): Nov.27,1990
35. CEMETERY/CREMATORY—NAME: Tacoma Mausoleum
36. LOCATION—CITY/TOWN STATE: Tacoma, Washington
37. FUNERAL DIRECTOR SIGNATURE: X Terry Davies
38. NAME OF FACILITY: HILL FUNERAL HOME INC.
39. ADDRESS OF FACILITY: 217 E. Pioneer Ave. Puyallup, Washington 98372

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

40. 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]
42. DATE SIGNED (Mo. Day Yr.): Nov. 23,1990
43. HOUR OF DEATH (24 Hrs): 0045

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
44. DATE SIGNED (Mo. Day Yr.):
45. HOUR OF DEATH (24 Hrs):
46. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):
47. PRONOUNCED DEAD (Mo. Day Yr.):
48. HOUR PRONOUNCED DEAD (24 Hrs):
49. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Saul Rivkin MD 1221 Madison Street Seattle, WA. 98104

CAUSE OF DEATH

50. PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE

IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST

	Cause	Interval between onset and death
(a)	Colon cancer c Liver	2 Years
(b) DUE TO, OR AS A CONSEQUENCE OF	advanced metastases with hepatic	
(c) DUE TO, OR AS A CONSEQUENCE OF	coma	

51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes, No): No
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes, No): Yes
54. ACC SUICIDE HO UNDET OR PENDING INVEST (Specify):
55. INJURY DATE (Mo. Day Yr.):
56. HOUR OF INJURY (24 Hrs):
57. DESCRIBE HOW INJURY OCCURRED:
58. INJURY AT WORK? (Yes/No):
59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC (Specify):
60. LOCATION—STREET OR RFD NO. CITY/TOWN STATE:
61. REGISTRAR SIGNATURE: X Willa A. Fisher, M.D, MPH.
62. DATE RECEIVED (Mo. Day Yr.): NOV 28 1990

TEMPORARILY ON FILE IN THIS OFFICE:

WILLA A. FISHER, M.D., M.P.H.
HEALTH OFFICER
Bremerton-Kitsap County Health Dept.
109 Austin Drive
Bremerton, WA 98312

Return:
Margaret L. Hansen
Post Office Box 4625
Rolling Bay, WA 98061

DOH 01-003 (7/89)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Mountain Title co the 21st day of June A.D., 19 93 at 3:38 o'clock PM., and duly recorded in Vol. M93, of Deeds on Page 14674.

Evelyn Biehn County Clerk
By [signature]

FEE $10.00