8191—OS—9-67.

OR PRINT IN ANENT INK

WASHINGTON STATE DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER 7242

STATE FILE NUMBER 21143

248

DECEASED

RESIDENCE DECEASED IF DEATH RRED IN UTION, GIVE NCE BEFORE SION.

PARENTS

CAUSE

CERTIFIER

BURIAL

SEP 19 1969

1. DECEASED—NAME (FIRST / MIDDLE / LAST): TED / W / FREEMIRE				2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): 9/15/69
4. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.) (SPECIFY): White	5a. AGE—LAST BIRTHDAY (YEARS): 47	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR): 1/29/1922	7a. COUNTY OF DEATH: King
7b. CITY, TOWN, OR LOCATION OF DEATH: Seattle	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): DOA West Seattle General Hospital			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): Wash.	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): —		
12. SOCIAL SECURITY NUMBER: 533-12-4818	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Laborer	13b. KIND OF BUSINESS OR INDUSTRY: —			
14a. RESIDENCE—STATE: Wash.	14b. COUNTY: King	14c. CITY, TOWN, OR LOCATION: Seattle	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	14e. STREET AND NUMBER: 2516 3rd Avenue #53	
15. FATHER—NAME (FIRST / MIDDLE / LAST): Henry / Freemire			16. MOTHER—MAIDEN NAME (FIRST / MIDDLE / LAST): Lizzie / Covey		
17a. INFORMANT—NAME: KING CO. MEDICAL EXAMINER CASE # 69-3097	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): 100 Crockett Street, Seattle, Wash. 98109				4/23

PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]

18. IMMEDIATE CAUSE

4/23

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

(a) Myocardial Sclerosis

DUE TO, OR AS A CONSEQUENCE OF:

(b) Coronary Insufficiency

DUE TO, OR AS A CONSEQUENCE OF:

(c) Severe Arteriosclerotic Heart Disease

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

DIED WITHOUT MEDICAL ATTENDANCE

19a. AUTOPSY (YES OR NO): Yes

19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		OCT 15 1969

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. TO (MONTH, DAY, YEAR) 21b.		AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21c.	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did	DEATH OCCURRED (HOUR) 21e.	AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. HOUR OF DEATH: 12:02 P. M.			THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR) 22b. 9-15-69	HOUR 12:16 P. M.	
23a. CERTIFIER—NAME (TYPE OR PRINT): G. Bruce Hopkins, M.D. ASST. PATHOLOGIST	23b. SIGNATURE: G. Bruce Hopkins M.D.	DEGREE OR TITLE	23c. DATE SIGNED (MONTH, DAY, YEAR): 9/16/69		
23d. MAILING ADDRESS—CERTIFIER: 100 Crockett Street, Seattle, Wash. 98109	STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial	24b. CEMETERY OR CREMATORY—NAME: Mt. View Cem.	24c. LOCATION—CITY OR TOWN: Auburn,	STATE: Wash.
24d. DATE (MONTH, DAY, YEAR): Sept 19, 1969	25a. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Price - Helton Funeral Chapel P.O. Box # 9 Auburn, Wash. 98002		
25b. FUNERAL DIRECTOR—SIGNATURE: Weldon Kelly	26a. REGISTRAR—SIGNATURE: S. P. Rehman M.D.	26b. DATE RECEIVED BY LOCAL REGISTRAR: SEP 19 1969	