DSHS 9-150 (REV. 4-78)
(HEA-195)
TYPE OR PRINT IN
PERMANENT INK

LOCAL FILE NUMBER

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7668

STATE FILE NUMBER

DECEASED

1 DECEASED - NAME (FIRST, MIDDLE, LAST)	2 SEX	3 DATE OF DEATH (MONTH, DAY, YEAR)
FLOYD F. FREEMIRE	MALE	OCTOBER 9, 1979

4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	5a AGE - LAST BIRTHDAY (YEARS)	5b UNDER 1 YEAR: MOS. / DAYS	5c UNDER 1 DAY: HOURS / MIN.	6 DATE OF BIRTH (MONTH, DAY, YEAR)	7a COUNTY OF DEATH
White	53			Jan. 30, 1926	King

7b CITY, TOWN OR LOCATION OF DEATH	7c INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
Seattle	Yes	5315 S. Fountain Street,

8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9 CITIZEN OF WHAT COUNTRY	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
Washington	USA	Divorced	----------

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b KIND OF BUSINESS OR INDUSTRY
537-20-3621	Fork Lift Operator	Building

14a RESIDENCE - STATE	14b COUNTY	14c CITY, TOWN, OR LOCATION	14d INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e STREET AND NUMBER
Washington	King	Seattle	Yes	5315 S. Fountain

PARENTS

15 FATHER - NAME (FIRST, MIDDLE, LAST)	16 MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST)
Henry Freemire	Lizzie Covie

17a INFORMANT - NAME	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Steve Freemire	13215 SE 120th Renton, Washington

CAUSE

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

18		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) Myocardial Infarction	Immediate
DUE TO, OR AS A CONSEQUENCE OF	(b)	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	(c)	

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

19a AUTOPSY (YES OR NO)	19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
No	

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)
		M.	

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)

CERTIFIER

21a CERTIFICATION - PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	TO 21b (MONTH, DAY, YEAR)	21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	21d I DID / DID NOT VIEW THE BODY AFTER DEATH	21e DEATH OCCURRED (HOUR) AT THE PLACE OF THE DATE AND TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSES STATED
5 7 79	Present.	10 - 1 - 79	NOT	? P.M.

22a 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	HOUR OF DEATH	22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)
	M.	M.

23a CERTIFIER - NAME (TYPE OR PRINT)	23b SIGNATURE	DEGREE OR TITLE	23c DATE SIGNED (MONTH, DAY, YEAR)
DAN S Miller M.D.	Dan S. Miller M.D.		10-11-79

23d MAILING ADDRESS - CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE	ZIP	NJA # 79-1325
1119 Columbia	Seattle		98104	

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY)	24b CEMETERY OR CREMATORY - NAME	24c LOCATION (CITY OR TOWN, STATE)
Burial	Greenwood Cemetery	Renton, Washington

24d DATE (MONTH, DAY, YEAR)	25a FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
October 13, 1979	Stokes Mortuary, 100 S. 3rd Renton, Washington 98055

25b FUNERAL DIRECTOR - SIGNATURE	26a REGISTRAR - SIGNATURE	26b DATE RECEIVED BY LOCAL REGISTRAR
Jeffrey W. Stevens	Lawrence Bergner	10-12-79

DEC 7 1979