

SEATTLE-KING COUNTY
DEPARTMENT OF PUBLIC HEALTH
VITAL STATISTICS SECTION
CERTIFIED COPY OF DEATH CERTIFICATE

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES
VITAL RECORDS
CERTIFICATE OF DEATH

LOCAL FILE NUMBER **7951** STATE FILE NUMBER **146-8**

1 NAME - FIRST, MIDDLE, LAST **Elbert Glen McGuire** 2 SEX **M** 3 DEATH DATE (MO DAY YR) **Oct. 5, 1982**

4 RACE (WHITE, BLACK, AM. IND. 3. ASIA - LAST BIRTH - 5 UNDER 1 YEAR 7 UNDER 1 DAY 8 BIRTHDATE (MO DAY YR) 9 COUNTY OF DEATH **King**

White 72 **July 25, 1910**

10 CITY, TOWN OR LOCATION OF DEATH **Renton** 11 PLACE OF DEATH - (SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME) **Valley General Hospital** 12 RECEIVED EMERGENCY CARE (AMBULANCE, FIRETRUCK, PARAMEDIC) **NO** YES/NO

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY) **Missouri** 14 CITIZEN OF WHAT COUNTRY **USA** 15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED **Widowed** 16 SPOUSE (IF WIFE GIVE MAIDEN NAME) **Ada - McGuire** 17 WAS DECEDENT EVER IN U.S. ARMED FORCES? (YES/NO) **No**

18 SOCIAL SECURITY NO. **552-16-0044** 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED) **Mechanist** 20 KIND OF BUSINESS OR INDUSTRY **Pacific Car & Foundry**

21 RESIDENCE - NUMBER AND STREET **30031 164th Avenue Southeast** 22 CITY/TOWN OR LOCATION - (SEE INSIDE CITY LIMITS) YES/NO: **Kent** 24 COUNTY **King** 25 STATE **Washington**

26 FATHER - NAME FIRST, MIDDLE, LAST **John Thomas McGuire** 27 MOTHER - MAIDEN NAME FIRST, MIDDLE, LAST **Elizabeth Maud Howard**

28 INFORMANT - NAME **Joe D. McGuire** 29 MAKING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP **17225 S.E. Wax Road Kent, Washington 98031**

30 BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY): **Burial** 31 DATE (MO DAY YR) **10-8-1982** 32 CEMETERY, CREMATORIUM - NAME **Hillcrest Cemetery** 33 LOCATION - CITY, TOWN, STATE **Kent, Washington**

34 FUNERAL DIRECTOR SIGNATURE *James J. Finkle* 35 NAME OF FACILITY **Marlatt Mortuary, Inc. 713 No. Central, Kent, Wash 98032**

36 ADDRESS OF FACILITY

37 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN: SIGNATURE AND TITLE *John A. Herman, M.D.* 38 DATE SIGNED (MO DAY YR) **10/6/82** 39 HOUR OF DEATH (24 HR) **1600**

40 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **John A. Herman, M.D., 400 S. 43rd Renton, WA.**

41 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER: SIGNATURE AND TITLE *John Papp* 42 DATE SIGNED (MO DAY YR) **OCT 8 1982**

43 HOUR OF DEATH (24 HR)

44 PRONOUNCED DEAD (MO DAY YR) 45 HOUR PRONOUNCED DEAD (24 HR)

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

47 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

(A) **Renal Failure** INTERVAL BETWEEN ONSET AND DEATH

(B) **Urethral obstruction** INTERVAL BETWEEN ONSET AND DEATH

(C) **Metastatic prostate cancer** INTERVAL BETWEEN ONSET AND DEATH

48 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE **bladder cancer**

49 AUTOPOST? (YES/NO) **No** 50 WAS CASE REFERRED TO MED. EXAMINER OR CORONER? (YES/NO) **No**

51 ACC. SUICIDE, HOMICIDE, 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

58 REGISTRAR SIGNATURE *John Hartman* 59 DATE RECEIVED (MO DAY YR) **OCT 8 1982**

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

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

By *John Papp*
L. sign
Seattle, Wash. **OCT 13 1982**

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 DEPARTMENT OF PUBLIC HEALTH
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CERTIFICATE OF DEATH

LOCAL FILE NUMBER: **7951** STATE FILE NUMBER: **146-8**

1 NAME - FIRST, MIDDLE, LAST: **Elbert Glen McGuire** 2 SEX: **M** 3 DEATH DATE (MO, DAY, YR): **Oct 5, 1982**

4 RACE (WHITE, BLACK, AM, IND, ETC. SPECIFY): **White** 5 AGE - LAST BIRTH (UNDER 1 YEAR, 1 YEAR, 2 YEARS, 3 YEARS, 4 YEARS, 5 YEARS, 6 YEARS, 7 YEARS, 8 YEARS, 9 YEARS, 10 YEARS, 11 YEARS, 12 YEARS, 13 YEARS, 14 YEARS, 15 YEARS, 16 YEARS, 17 YEARS, 18 YEARS, 19 YEARS, 20 YEARS, 21 YEARS, 22 YEARS, 23 YEARS, 24 YEARS, 25 YEARS, 26 YEARS, 27 YEARS, 28 YEARS, 29 YEARS, 30 YEARS, 31 YEARS, 32 YEARS, 33 YEARS, 34 YEARS, 35 YEARS, 36 YEARS, 37 YEARS, 38 YEARS, 39 YEARS, 40 YEARS, 41 YEARS, 42 YEARS, 43 YEARS, 44 YEARS, 45 YEARS, 46 YEARS, 47 YEARS, 48 YEARS, 49 YEARS, 50 YEARS, 51 YEARS, 52 YEARS, 53 YEARS, 54 YEARS, 55 YEARS, 56 YEARS, 57 YEARS, 58 YEARS, 59 YEARS, 60 YEARS, 61 YEARS, 62 YEARS, 63 YEARS, 64 YEARS, 65 YEARS, 66 YEARS, 67 YEARS, 68 YEARS, 69 YEARS, 70 YEARS, 71 YEARS, 72 YEARS, 73 YEARS, 74 YEARS, 75 YEARS, 76 YEARS, 77 YEARS, 78 YEARS, 79 YEARS, 80 YEARS, 81 YEARS, 82 YEARS, 83 YEARS, 84 YEARS, 85 YEARS, 86 YEARS, 87 YEARS, 88 YEARS, 89 YEARS, 90 YEARS, 91 YEARS, 92 YEARS, 93 YEARS, 94 YEARS, 95 YEARS, 96 YEARS, 97 YEARS, 98 YEARS, 99 YEARS, 100 YEARS): **72**

6 UNDER 1 YEAR: **0** 7 UNDER 2 YEARS: **0** 8 BIRTHDATE (MO, DAY, YR): **July 25, 1910** 9 COUNTY OF DEATH: **King**

10 CITY, TOWN OR LOCATION OF DEATH: **Renton** 11 PLACE OF DEATH (IF BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME): **Valley General Hospital** 12 RECEIVED EMERGENCY CARE (YES/NO): **NO**

13 BIRTH STATE (IF NOT IN USA GIVE COUNTRY): **Missouri** 14 CITIZEN OF WHAT COUNTRY: **USA** 15 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Widowed** 16 SPOUSE (IF WIFE GIVE MAIDEN NAME): **Ada - McGuire** 17 WAS DECEDENT EVER IN U.S. ARMED FORCES (YES/NO): **No**

18 SOCIAL SECURITY NO.: **552-16-0044** 19 USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE EVEN IF RETIRED): **Mechanist** 20 KIND OF BUSINESS OR INDUSTRY: **Pacific Car & Foundry**

21 RESIDENCE - NUMBER AND STREET: **30031 164th Avenue Southeast** 22 CITY, TOWN OR LOCATION (INSIDE CITY LIMITS YES/NO): **Kent** 23 STATE: **Washington**

24 FATHER - NAME (FIRST, MIDDLE, LAST): **John Thomas McGuire** 27 MOTHER - MAIDEN NAME (FIRST, MIDDLE, LAST): **Elizabeth Maud Howard**

25 MOTHER - NAME (FIRST, MIDDLE, LAST): **Elizabeth Maud Howard** 26 MAILING ADDRESS (STREET OR RFD NO., CITY OR TOWN, STATE, ZIP): **17225 S.E. Wax Road, Kent, Washington 98031**

28 BURIAL CREATION (REMOVAL, OTHER, SPECIFY): **Burial** 29 DATE (MO, DAY, YR): **10-8-1982** 30 CEMETERY, CREMATORIUM, NAME: **Hillcrest Cemetery** 31 LOCATION - CITY, TOWN, STATE: **Kent, Washington**

32 FURNERAL DIRECTOR SIGNATURE: *James J. Finkle* 33 NAME OF FACILITY: **Marlatt Mortuary Inc. 713 No. Central, Kent, Wash 98032**

34 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED: *John A. Herman, M.D.* 35 SIGNATURE AND TITLE: *John A. Herman, M.D.* 36 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: *John A. Herman, M.D.*

37 DATE SIGNED (MO, DAY, YR): **10/6/82** 38 HOUR OF DEATH (24 HRS): **1600** 39 DATE SIGNED (MO, DAY, YR): **10/6/82** 40 HOUR OF DEATH (24 HRS): **1600**

41 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): *John A. Herman, M.D.* 42 PRONOUNCED DEAD (MO, DAY, YR): **10/6/82** 43 HOUR PRONOUNCED DEAD (24 HRS): **1600**

44 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR CORONER (TYPE OR PRINT): *John A. Herman, M.D., 400 S. 43rd Renton, WA.*

45 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)):
 (A) *Renal Failure* INTERVAL BETWEEN ONSET AND DEATH:
 (B) *Cerebral Ischemia* INTERVAL BETWEEN ONSET AND DEATH:
 (C) *Metastatic Prostate Cancer* INTERVAL BETWEEN ONSET AND DEATH:
 46 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN ABOVE: *Myocardial Infarction* 47 AUTOPSY (YES/NO): **No** 48 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER (YES/NO): **No**

49 ALL SUICIDE (MUR, UNDET., OR INJURY DATE (MO, DAY, YR)): 50 HOUR OF INJURY (24 HRS): 51 DESCRIBE HOW INJURY OCCURRED:
 52 INJURY AT WORK? (YES/NO): 53 PLACE OF INJURY, AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (SPECIFY): 54 LOCATION - STREET OR RFD NO., CITY, TOWN, STATE:

55 REGISTRAR SIGNATURE: *A. John Hartman* 56 DATE SIGNED (MO, DAY, YR): **OCT 8 1982**

A certified copy unless raised seal of the Health Department and original countersignature appear on.

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

John Shopp
 By: *L. J. J.*
 Seattle, Wash
 OCT 13 1982