

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

10705

146

DECEASED	1. NAME First: Andrew Middle: E. Last: Rogers			2. SEX (M / F) Male		3. DEATH DATE (Mo. Day, Yr) November 30, 1992						
	4. AGE LAST BIRTH-DAY (Yrs) 91	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo. Day, Yr) 2/17/01		8. BIRTHPLACE (City, State or Foreign Country) Ramey, OK.	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10. COUNTY OF DEATH King				
	11. CITY, TOWN OR LOCATION OF DEATH Kent			12. PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RM/OUT PTN <input type="checkbox"/> HOSP. <input type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE 717 3rd Ave. S.				13. SMOKING IN LAST 15 YEARS? (Yes / No) No				
	14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Dorothy Madden		16. SOCIAL SECURITY NO. 559-36-2700		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 1					
	18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Self Employed		19. KIND OF BUSINESS OR INDUSTRY Cotton Farm/Grocery Store		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21. RACE (Specify) White					
	22. RESIDENCE—NUMBER AND STREET 717 3rd Ave. S.		23. CITY/TOWN, OR LOCATION Kent	24. INSIDE CITY LIMITS? (Yes / No) yes	25A. COUNTY King	25B. LENGTH OF RES. IN CO. 16 months	26. STATE WA	27. ZIP CODE 98032				
	28. FATHER'S NAME—FIRST, MIDDLE, LAST William Walker Rogers			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Nancy Dillard Collins								
	30. INFORMANT—NAME Terrell Rogers		31. MAILING ADDRESS 717 3rd. Ave. S. Kent, Wa. 98032			32. BURIAL/CREMATION REMOVAL, OTHER (Specify) Burial			33. DATE (Mo. Day, Yr) Dec. 4, 1992	34. CEMETERY/CREMATORY—NAME Hillcrest Cemetery	35. LOCATION—CITY/TOWN, STATE Kent, Wa.	
	36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Marlatt Funeral Home			38. ADDRESS OF FACILITY 713 N. Central Ave Kent, WA 98032						
	CERTIFIER	39. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> M.D.				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>						
40. DATE SIGNED (Mo., Day, Yr) 11/30/92		41. HOUR OF DEATH (24 Hrs) 0230		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs)						
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) San Lwai, M.D.				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs)						
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) San Lwai, M.D. 4011 Talbot Road S. #500 Renton, WA 98055				49. ME/CORONER FILE NUMBER								
CAUSE OF DEATH	50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:											
	IMMEDIATE CAUSE (Final disease or condition resulting in death).	A. VENTRICULAR FIBRILLATION				INTERVAL BETWEEN ONSET AND DEATH SUDDEN						
	DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	B. Coronary heart disease				INTERVAL BETWEEN ONSET AND DEATH 4 years						
		C.				INTERVAL BETWEEN ONSET AND DEATH						
	D.				INTERVAL BETWEEN ONSET AND DEATH							
51. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: Congestive heart failure				52. AUTOPSY? (Yes / No) no		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) yes						
54. ACC. SUICIDE, HOM. UNDET. OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED: NJA#3617-92									
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. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 29 D/A #09 CR 3-16-93		62. REGISTRAR SIGNATURE <i>[Signature]</i>		63. DATE RECEIVED (Mo., Day, Yr) DEC 3 1992								

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

A

DOH 01-003 (5/92)