

WASHINGTON STATE DEPARTMENT OF HEALTH  
PUBLIC HEALTH STATISTICS SECTION

STATE FILE NO. 1797

REG. DIST. NO. D-2

CERTIFICATE OF DEATH

REGISTRAR'S NO. 18

1. PLACE OF DEATH a. COUNTY <b>Spokane</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Washington</b> b. COUNTY <b>Spokane</b>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <b>Medical Lake</b>		c. LENGTH OF STAY (In this place) <b>2yr5mo24da</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Eastern State Hospital</b>		d. STREET (If rural, give location) ADDRESS <b>1418 W. Riverside</b>	
3. NAME OF a. (First) DECEASED (Type or print) <b>FRED</b>		b. (Middle) <b>ARTHUR</b>	
c. (Last) <b>FISCHER</b>		4. DATE OF DEATH <b>Jan. 30, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-23-1884</b>
9. AGE (In years last birthday) <b>72</b>		If Under 1 Yr. Months <b>7</b>	Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired auto operator</b>	11. BIRTHPLACE (State or foreign country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>unob.</b>	
14. MOTHER'S MAIDEN NAME <b>unob.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Eastern State Hospital Records</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) <b>Generalized arteriosclerosis</b> Due to (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<b>FEB 11 1957</b>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED White at <input type="checkbox"/> Not white <input type="checkbox"/> work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>8-22-55</b> , 19____, to <b>1-30-57</b> , 19____, that I last saw the deceased alive on <b>1-30-57</b> , 19____, and that death occurred at <b>ASCOA</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>William R. Fischer, M.D.</i>		23b. ADDRESS <b>Medical Lake, Wn.</b>	
23c. DATE SIGNED <b>1-30-57</b>		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-30-57</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Spokane, Washington</b>
DATE REC'D BY LOCAL REG. <b>1-30-57</b>		REGISTRAR'S SIGNATURE <i>Virgil Brandon</i> 25. FUNERAL DIRECTOR <b>Smith Funeral Home, Spokane, Wn.</b> <b>Virgil Brandon</b>	

S. F. No. 7784-1-56-30M. 44177.