

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

OR PRINT IN  
PERMANENT INK

03

LOCAL FILE NUMBER

76

CERTIFICATE OF DEATH

STATE FILE NUMBER

18895

DECEASED—NAME 1. Emma Jenette Hofstad			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) August 4, 1978		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. white	AGE—LAST BIRTHDAY (YEARS) 5a. 81	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Jul 18, 1897		
CITY, TOWN, OR LOCATION OF DEATH 7a. Long Beach		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Ocean View Convalescent Center			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Oregon	CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. **		
SOCIAL SECURITY NUMBER 12. 534 07 6441		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife		KIND OF BUSINESS OR INDUSTRY 13b. Home		
RESIDENCE—STATE 14a. Washington	COUNTY 14b. Pacific	CITY, TOWN, OR LOCATION 14c. Chinook		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. no	STREET AND NUMBER 14e. General Delivery	
FATHER—NAME 15. Andrew Olsen			MOTHER—MAIDEN NAME 16. Matilda Olsen			
INFORMANT—NAME 17a. Louise Krager			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Box 1, Chinook, Wash 98614			
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) <i>GVA - Severe</i> DUE TO, OR AS A CONSEQUENCE OF: CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) <i>Previous cr's</i> DUE TO, OR AS A CONSEQUENCE OF: (c) <i>Cerebrovascular, Sclerotic</i>					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)					AUTOPSY (YES OR NO) 19a. No	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.				
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 1955	MONTH DAY YEAR 21b. 8/4/78	AND LAST SAW HIM/HER ALIVE ON 21c. 7/30/78	MONTH DAY YEAR	DID DID NOT VIEW THE BODY—AFTER DEATH. 21d.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR) 21e. 9:30P	
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 M. 22b.	THE DECIDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR M. 22c.		
CERTIFIER—NAME (TYPE OR PRINT) 23a. L.C. Neace		SIGNATURE 23b. <i>L.C. Neace</i>	DEGREE OR TITLE 23c. MD	DATE SIGNED (MONTH, DAY, YEAR) 23d. 8/14/78		
MAILING ADDRESS—CERTIFIER 23d. Columbia Clinic, Ilwaco, Wa 98624						
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Ilwaco Cemetery		LOCATION CITY OR TOWN STATE 24c. Ilwaco, Washington			
DATE (MONTH, DAY, YEAR) 24d. Aug 8, 1978	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Penttila's Chapel By The Sea, Long Beach, Wa 98631					
FUNERAL DIRECTOR—SIGNATURE 25a. <i>Michael B. Brown</i>	REGISTRAR—SIGNATURE 25b. <i>Louise H. Lucke</i>		DATE RECEIVED BY LOCAL REGISTRAR 25c. 8-16-78			

DECEASED

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

PARENTS

CAUSE

CERTIFIER

BURIAL

SEP 12 1978