SHS 9-150 (10-71)
HEA-195)

PE OR PRINT IN ERMANENT INK

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

LOCAL FILE NUMBER 4155 CERTIFICATE OF DEATH STATE 43212

50-4294

DECEASED

1 DECEASED — NAME (FIRST, MIDDLE, LAST)	2 SEX	3 DATE OF DEATH (MONTH, DAY, YEAR)
OSCAR C LANDGREN	M	6-1-1974

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	87			5-6-1887	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	No	Burien Terrace Nursing Home

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)
Sweden	USA	widowed	

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
473-24-8732	Boiler Tender	N.W. Paper Co.

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

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	no	4024 S. 168th

PARENTS

15 FATHER — NAME (FIRST, MIDDLE, LAST)	16 MOTHER — MAIDEN NAME (FIRST, MIDDLE, LAST)
unknown	unknown

17a INFORMANT — NAME	17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
Leonard Wright (Friend)	4024 S. 168th, Seattle, Washington 98188

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) Cardiac arrest	
DUE TO, OR AS A CONSEQUENCE OF	(b) Congestive heart failure	
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST	(c) Emphysema	

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

Urinary tract infection, Herpes zoster

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 (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, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
5 24 74	6 1 74	6 1 74		8:45A 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)
A. E. MAC INTYRE, D.O.	A E Mac Intyre DO	6-3-74

23d MAILING ADDRESS — CERTIFIER (STREET OR R.F.D. NO.)	CITY OR TOWN	STATE
15820 DES MOINES WAY SOUTH	SEATTLE, WASHINGTON	98148

BURIAL

24a BURIAL, CREMATION, REMOVAL (SPECIFY)	24b CEMETERY OR CREMATORY — NAME	24c LOCATION (CITY OR TOWN, STATE)
burial	Wash. Mem'l. Park	Seattle, Washington

24d DATE (MONTH, DAY, YEAR)	25a FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
June 3, 1974	Wash.Mem'l.Funeral Home,16445 Pac.Hwy.So.,Seattle,Wa. 98188

24e FUNERAL DIRECTOR — SIGNATURE	26a REGISTRAR — SIGNATURE	26b DATE RECEIVED BY LOCAL REGISTRAR
Joseph P. Shaughnessy	L.L. Cummings	JUN 3 1974