REG. DIST. NO. 04

REGISTRAR'S NO. 50

WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

15423

STATE FILE NO.

1. PLACE OF DEATH
a. COUNTY: Okanogan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Winthrop, rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash.
b. COUNTY: Okanogan
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Winthrop, rural
d. STREET (If rural, give location) ADDRESS:

3. NAME OF DECEASED (Type or print)
a. (First): Claude
b. (Middle):
c. (Last): Yockey

4. DATE OF DEATH (Month) (Day) (Year): Aug. 27, 56

5. SEX: M

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH:

9. AGE (In years last birthday): 54
If Under 1 Yr. Months: Days:
If Under 24 Hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dyer Hill (Pateros) Wash

12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: William Yockey

14. MOTHER'S MAIDEN NAME: Clara Pries

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 533-12-6866

17. INFORMANT: Mildred Yockey #9108-

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):

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b): Death due to crushed
Due to (c): skull and possible broken neck.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. ACCIDENT (Specify) X
SUICIDE
HOMICIDE

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): woods

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mazama, rural, Okanogan, Wash.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 27 56 9a m.

21e. INJURY OCCURRED: While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? log rolled off of truck

22. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE: Tom Hancock (Degree or title) Coroner

23b. ADDRESS: Okanogan, Wash

23c. DATE SIGNED: 8/27/56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 8-29-56

24c. NAME OF CEMETERY OR CREMATORY: Sullivan Cemetery

24d. LOCATION (City, town, or county) (State): Winthrop, Wash.

DATE REC'D BY LOCAL REG.: 8-29-56

REGISTRAR'S SIGNATURE: Rus Badger

25. FUNERAL DIRECTOR: Mabel Kenison

ADDRESS: Winthrop, Wash.

SEP 10 1956