REG. DIST. NO. 04
REGISTRAR'S NO. 42

**WASHINGTON STATE DEPARTMENT OF HEALTH**
**PUBLIC HEALTH STATISTICS SECTION**

# CERTIFICATE OF DEATH

STATE FILE NO. 13535

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

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
d. STREET ADDRESS (If rural, give location):

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

4. DATE OF DEATH (Month) (Day) (Year): 7-11-55

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 9-14-1880
9. AGE (In years last birthday): 74
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): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chicago Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Claus Pries
14. MOTHER'S MAIDEN NAME: Emma Fuller
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Emma Graves

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) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 hr
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b) while under anesthesia
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 ☐ No ☐

21a. ACCIDENT (Specify) SUICIDE HOMICIDE:
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 OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on July 11, 1955, to _____, 19__, that I last saw the deceased alive on July 11, 1955, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE: O W Malacher (Degree or title) M.D.
23b. ADDRESS: Twisp Wash
23c. DATE SIGNED: July 13 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-13-55
24c. NAME OF CEMETERY OR CREMATORY: Sullivan Cemetery
24d. LOCATION (City, town, or county) (State): Winthrop Okanogan Wash.

DATE REC'D BY LOCAL REG.: 7-13-55
REGISTRAR'S SIGNATURE: Lois Badger

25. FUNERAL DIRECTOR: Mabel Denison
ADDRESS: Winthrop Wa