WASHINGTON STATE DEPARTMENT OF HEALTH
PUBLIC HEALTH STATISTICS SECTION

CERTIFICATE OF DEATH

REG. DIST. NO. D-8
REGISTRAR'S NO. 5

STATE FILE NO. 4866

1. PLACE OF DEATH
a. COUNTY: King
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bothell
c. LENGTH OF STAY (in this place): 42 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 4 Box 126

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Wash
b. COUNTY: King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bothell 7140
d. STREET ADDRESS (If rural, give location): Box 684 7140

3. NAME OF DECEASED (Type or print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Albert	Ellsworth	Seaton Sr	March 21, 1955

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. Months	Days	If Under 24 Hrs. Hours	Min.
Male	White	Married	March 6 1913	42				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic-Foreman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bothell Wash.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Ernest Seaton
14. MOTHER'S MAIDEN NAME: Alice Simons 9140
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 535-07-8119
17. INFORMANT: King County Coroners Records

MEDICAL CERTIFICATION

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution -
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Due to (b)
Due to (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: instant 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.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): rural King Wash.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 21 55 8 p.m.
21e. INJURY OCCURRED While at work ☒ Not while at work ☐
21f. HOW DID INJURY occur? Fighting fire in neighbor's home + contacted faulty power line -

22. I hereby certify that I ~~attended~~ viewed the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Lee Erickson MD
23b. ADDRESS: 109 COUNTY-CITY BLDG. CORONERS AUTOPSY SURGEON
23c. DATE SIGNED: 22 Mar 55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 25, 1955
24c. NAME OF CEMETERY OR CREMATORY: Washelli Cemetery
24d. LOCATION (City, town, or county) (State): Seattle Wash.

DATE REC'D BY LOCAL REGISTRAR: MAR 24 1955
REGISTRAR'S SIGNATURE: S. P. Lessers
25. FUNERAL DIRECTOR: Bothell Funeral Home
ADDRESS: Bothell
J. R. Card Emb No QL250 28 Th 178