79458

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RECEIVED 1976

I HEREBY CERTIFY, that this is a true, full and correct copy of the original certificate on file in this office.

Registrar, City of Tacoma & Pierce Co.
Tacoma, Wash. AUG 13 1973

WASHINGTON STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

REG. DIST NO. | STATE FILE NO. | REGISTRAR'S NO. 578

1. PLACE OF DEATH
a. COUNTY: Pierce
b. CITY, TOWN, OR LOCATION: Tacoma
c. LENGTH OF STAY IN 1b: months
d. NAME OF HOSPITAL OR INSTITUTION: St. Joseph Hospital
e. IS PLACE OF DEATH INSIDE CITY LIMITS? Yes [x] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Washington
b. COUNTY: Pierce
c. CITY, TOWN, OR LOCATION: Orting
d. STREET ADDRESS: 102 W. Varner
e. IS RESIDENCE INSIDE CITY LIMITS? Yes [x] No [ ]
f. IS RESIDENCE ON A FARM? Yes [ ] No [x]

3. NAME OF DECEASED (Type or print): First: John; Middle: H.; Last: BOSSHART Jr.
4. DATE OF DEATH: March 26, 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married [x] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 1-13-1911
9. AGE (In years last birthday): 51
10a. USUAL OCCUPATION: Forester
10b. KIND OF BUSINESS OR INDUSTRY: St. Regis Lumber Co.
11. BIRTHPLACE (State or foreign country): Rochester N. Y.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Dr. John Bosshart Sr.
14. MOTHER'S MAIDEN NAME: Fannie Gillett
15. WAS DECEASED EVER IN U. S. ARMED FORCES? no
16. SOCIAL SECURITY NO.: 532-09-4904
17. INFORMANT: Records of Hospital

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: [illegible]
DUE TO (b): Far advanced Lymphosarcoma — 12 months
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? Yes [x] No [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED.
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED While at work [ ] Not while at work [ ]
20e. PLACE OF INJURY
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 29 Jan 1962 to death and last saw him alive on 24 Mar 1962
Death occurred at [illegible] on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Carl Ekman MD
22b. ADDRESS: Western Clinic Tacoma
22c. DATE SIGNED: 28 March [illegible]

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-29-1962
23c. NAME OF CEMETERY OR CREMATORY: Orting Cemetery
23d. LOCATION: Orting, Washington
24. FUNERAL DIRECTOR: S. H. Reep — ADDRESS: Orting, Wash.
25. DATE REC'D BY LOCAL REG.: MAR 30 1962
26. REGISTRAR'S SIGNATURE: C. R. [illegible] M.D.