

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

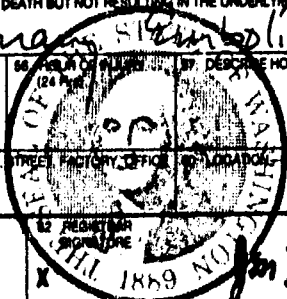
10343
LOCAL FILE NUMBER

Washington State Department of Health
CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First Middle Last Bernard Levin			2 SEX (M / F) Male		3 DEATH DATE (Mo. Day, Yr) 11/2/97	
4 AGE LAST BIRTHDAY (Yrs) 80		5 UNDER 1 YEAR MOS DAYS HOURS MINS		6 UNDER 1 DAY HOURS MINS		7 BIRTHDATE (Mo. Day, Yr) 4/11/1917
8 BIRTHPLACE (City, State or Foreign Country) Lincoln, IL			9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10 COUNTY OF DEATH King	
11 CITY, TOWN OR LOCATION OF DEATH Seattle			12 PLACE OF DEATH—SEE BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 <input type="checkbox"/> HOME 2 <input type="checkbox"/> IN TRANSPORT 3 <input type="checkbox"/> EMERG. ROOM/PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE Swedish Hospital			13 BACKSLIP IN LAST 15 YEARS? (Yes / No) No
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (if wife, give maiden name)		16 SOCIAL SECURITY NO 347-24-3803		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (Yes/No) 12 C College (1-4 or 5-)
18 USUAL OCCUPATION (Give kind of work done during most of working life DO NOT USE RETIRED) Owner/Operator		19 KIND OF BUSINESS OR INDUSTRY Auto Parts		20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No		21 RACE (Specify) Caucasian
22 RESIDENCE—NUMBER AND STREET 8750 Harrison		23 CITY/TOWN OR LOCATION Munster		24 INSIDE CITY LIMITS? (Yes / No) Yes		25A COUNTY Lake
25B LENGTH OF RES IN CO 80yrs.		26 STATE IN		27 ZIP CODE 46321		
28 FATHER'S NAME—FIRST, MIDDLE, LAST Morris Levin			29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Anna -U-			
30 INFORMANT—NAME William Levin		31 MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP CODE 2206 NE 63rd St. Seattle, Washington 98115		32 STATE OF INDIANA TAKE COPY TO STATE OF WASHINGTON		
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		34 DATE (Mo. Day, Yr) 11/5/97		35 CEMETERY/CREMATORY—NAME Beth El Cemetery		
36 LOCATION—CITY/TOWN, STATE Portage, IN		37 FUNERAL DIRECTOR SIGNATURE [Signature]		38 NAME OF FACILITY Butterworth Manning Ashmore		
39 ADDRESS OF FACILITY 300 E. Pine Seattle, WA		39 TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		40 TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER		
41 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature] G. Kaplan M.D.			42 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE [Signature]			
43 DATE SIGNED (Mo., Day, Yr) 11/3/97		44 HOUR OF DEATH (24 Hrs.) 0400		45 DATE SIGNED (Mo., Day, Yr)		
46 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		47 PRONOUNCED DEAD (Mo., Day, Yr)		48 HOUR PRONOUNCED DEAD (24 Hrs.)		
49 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Henry Kaplan, M.D.; 1221 Madison, Seattle, Washington 98104					46 MEDICORNER FILE NUMBER	
50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.						
51 IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Ca Pancreas		52 DUE TO, OR AS A CONSEQUENCE OF DEC 1 1997		INTERVAL BETWEEN ONSET AND DEATH		
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE LIST ONLY ONE CAUSE ON EACH LINE Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		53 DUE TO, OR AS A CONSEQUENCE OF		INTERVAL BETWEEN ONSET AND DEATH		
54 DUE TO, OR AS A CONSEQUENCE OF		55 DUE TO, OR AS A CONSEQUENCE OF SAM ORLICH AUDITOR LAKE COUNTY		INTERVAL BETWEEN ONSET AND DEATH		
56 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE Multiple Pulmonary Emboli			57 AUTOPSY? (Yes / No)		58 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	
59 ACC. SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		60 INJURY DATE (Mo. Day, Yr)		61 DESCRIBE HOW INJURY OCCURRED		
62 INJURY AT WORK? (Yes / No)		63 PLACE OF INJURY—AT HOME, FARM, BLDG. ETC. (Specify)		64 STREET, FACTORY, OFFICE, OR LOCATION—STREET OR RFD NO., CITY/TOWN, STATE		
65 RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		66 REGISTRAR SIGNATURE [Signature]		67 DATE RECEIVED (Mo., Day, Yr) NOV 3 1997		



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