

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
BUREAU OF VITAL STATISTICS

29810

3151 LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

STATE FILE NUMBER

PRINT IN  
PERMANENT INK

EASED

IF DEATH  
OCCURRED  
IN  
HOSPITAL,  
GIVE  
HOSPITAL  
NAME

ENTERS

ISE

VERIFIER

AL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <b>Georgietta</b>				<b>McCUNE</b>	2. <b>Female</b>	3. <b>Dec 13, 1976</b>
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (Y, M, D)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. <b>White</b>	5b. <b>76</b>	5c. <b>76</b>	5d. <b>76</b>	<b>March 4, 1900</b>	7a. <b>Spokane</b>	
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <b>Fairfield</b>			7d. <b>Good Samaritan</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <b>Michigan</b>	9. <b>USA</b>		10. <b>Widowed</b>		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. <b>533-34-6256-A</b>		13a. <b>Homemaker</b>		13b. <b>Own Home</b> <span style="float: right;">4339</span>		
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. <b>Washington</b>	14b. <b>Spokane</b>	14c. <b>Rural Spokane</b>		14d. <b>No</b>	14e. <b>Rt 3 Box 619</b>	
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. <b>George</b>			<b>B</b>	<b>Brown</b>	16. <b>Etta</b> <b>Young</b>	
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <b>Mrs Richard Bonser</b> <b>Dau</b>			17b. <b>Box 619 Rt 3 Spokane Washington 99203</b>			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) <b>Cerebral thrombosis</b>						<b>3 days</b>
DUE TO, OR AS A CONSEQUENCE OF:						
(b) <b>Severe arteriosclerosis</b>						<b>year</b>
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO)
<b>Respiratory pneumonia</b>						19a. <b>No</b>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH						19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.	20f.	20g.				
CERTIFICATION—PHYSICIAN:	MONTH	DAY	YEAR	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM	<b>April 22</b>	<b>1972</b>	<b>TO</b>	<b>Dec 13</b>	<b>1976</b>	21b. <b>Dec 12</b>
21c. DECEASED FROM	HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD			
21d. <b>11:45 PM</b>	21e. <b>11:45 PM</b>		21f. <b>11:45 PM</b>			
CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						M. 22b.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)
23a. <b>FRANCIS A. THIEL, M.D.</b>		23b. <i>Francis A. Thiel</i>		<b>Dr. Med.</b>		23c. <b>12-15-76</b>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP
23d. <b>Box 277</b>		<b>Spokane</b>		<b>Wash.</b>		<b>99012</b>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE	
24a. <b>Burial</b>	24b. <b>Harrington Cemetery</b>		24c. <b>Harrington</b>		<b>Washington</b>	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <b>Dec 17, 1976</b>	24e. <b>Riplinger Funeral Home 4305 N Div Spokane Wa 99207</b>					
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE			DATE RECEIVED BY LOCAL REGISTRAR		
25b. <b>James P Egger</b>	25a. <b>M. MARASHI, M.D.</b>			26b. <b>12-15-76</b>		

DSHS 9-181 (6-73) (HEA 67) (Formerly S.F. 8191).



DOH 01-003 (8/96)

### McCune, Georgietta

Former Harrington resident Georgietta McCune died Dec 13, 1976 in Fairfield, WA. She is survived by 6 daughters: Lois Helen Bonser, Spokane; Eleanor N. Moeser, Ketchikan, AK; Thelma L. McCune, Newark, NJ; Mable A. Massey, Tacoma; Lea K. Legg, Everett; Claudia Bednar, Kalamath Falls, OR; 2 sons: Bert E. McCune, Harrington; and Donald F. McCune, Newark, NJ. Funeral services were held Dec 17 at Riplinger Funeral Home in Spokane with private interment at Harrington Cemetery, the Rev Robert Rush officiating. (Dav. Times-Dec 23, 1976)

Birth: Mar. 4, 1900  
Michigan, USA  
Death: Dec. 13, 1976  
Fairchild  
Spokane County  
Washington, USA

She married Russell D. McCune 22 June 1919  
Snohomish County, Washington.

They had the following children:

Bernice Ilene McCune  
Lois Helen McCune Bonser  
Eleanor N. McCune Moeser  
Thelma L. McCune  
Mable A. McCune Massey  
Lea K. McCune Legg  
Claudia McCune Bednar  
Bert E. McCune  
Donald F. McCune

Family links:

Parents:

George B. Brown (1863 - 1939)  
Etta Brown

Children:

Bernice Ilene McCune (1927 - 1929)\*

\*[Calculated relationship](#)

Burial:

[Hillcrest Cemetery](#)

Harrington  
Lincoln County  
Washington, USA

Maintained by: [Valerie Timm Adams](#)

Originally Created by: [Donna Lyle Alumbaugh](#)

Record added: May 29, 2010

Find A Grave Memorial# 52979675

