Obituaries

Charles G. Divelbiss

Charles G. Divelbiss, 66, of Kent, died Nov. 14.

He had lived in the city for 17 years. He was born Aug. 2, 1923, in Rising Star, Texas.

He was married and was an engineer at the Boeing Co., retiring in Feb. 1988 after 38 years of service.

He attended Southern Methodist University and graduated from Sol Ross State College in Alpine, Texas, in 1947. He served in the U.S. Army in World War II

He was a member of the Sequoia Baptist Church and was chairman of the Deacons.

He is survived by his wife, Iva Divelbiss of Kent; three sons, Major Charles G. Divelbiss, Jr., who is in the U.S. Air Force and stationed in Great Britain; Craig S. Divelbiss of Oklahoma City, Okla., and Mark Divelbiss of Kent; a daughter, Deborah Taylor of Oklahoma City, Ok.; a brother, Lloyd W. Divelbiss of Port Angeles; and his mother, Sylvia Fox of Bremerton; eight grandchildren;

and one great-grandchild.

Viewing will be from 4 p.m. to 8 p.m. today at Marlatt Mortuary. Services will be 2 p.m. Friday at the Sequoia Baptist Church in Kent.

Burial will be at Hillcrest Burial Park in lent.

The Twenty-Third Psalm

The Lord is my Shepherd: I shall not want.
He maketh me to lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul: He leadeth me in the paths of righteousness for his name's sake.

Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me: thy rod and thy staff they comfort me.

Thou preparest a table before me in the presence of mine enemies: thou anointest my head with oil: my cup runneth over.

Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord for ever. In Loving Memory Of

CHARLES GORDON DIVELBISS

Born:

August 2, 1923 * Rising Star, Texas

Died:

November 14, 1989 * Kent, Washington

Funeral Service:

2:00 Friday, November 17, 1989 Sequoia Baptist Church of Kent

Officiating:

Pastor Mervyn Norwood

Pallbearers:

Noel Rogers Randy Rogers Vance Rogers Terrell Rogers, Jr. Ron Hazen Brent Johnson Gary Bates Jay Divelbiss

Interment:

Hillcrest Burial Park Kent, Washington

CLAL AND HEALTH SERVICES EPARIMENT OF SOCIAL CONTRACTOR

1 9922 7 LOCAL FILE NUMBER	STATE OF WA		ENT OF SOCIAL AND HI RECORDS TE OF DEATH	EALTH SERVICES	
Charles G. DIV	ELDICC	2 SEX	3 DEATH DATE	(Mo. Day Yr)	A STATE
4 AGE LAST BIRTH 5 UNDER 1 YE	AR 6 UNDER 1 DAY	7 BIRTHDATE (Mo. Day Yr)	le Nov. 14	3 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	STATE FILE NUMB
66	MINS	Aug. 2, 1923	USA give country) Texas	9 CITIZEN OF WHAT COUNTRY?	10. COUNTY OF DEATH
11 CITY TOWN OR LOCATION OF DEAT	н			USA PRESS OR INSTITUTION NAME 4 DHOSP 5 DINUR HOME 6 DOT	King 13 SMOKING IN LAST
Kent MARITAL STATUS Married	15 SURVIVING SPOTISE	1205 E	-asc chicago	4. □HOSP 5 □NUR HOME 6. □OTI	HER PLACE 15 YEARS? (Yes/No
Married Widowed Marry 1860	Iva Roge		16. WAS DECEDENT EVER IN U.S. ARM FORCES? (Yes/N)	MED 17 SOCIAL SECURITY NO	18 HIGH SCHO GRADUATE
19 USUAL OCCUPATION (Give kind of wo done during most of working life DO N EISE RETIRED)	ork NOT 20 KINDO	BUSINESS OR INDUSTRY	21 Was Decedent of	QL. O	1 3 - 3
Engineer RESIDENCE NUMBER AND STREET	Boe		etc.) 1 🛭 Yes	2 X No	(Specify) White
1205 East Chica	a ao	24 CITY/TOWN OR LOCATION	LIMITS?	2/ SIAIE	28. ZIP CODE
9 FATHER'S NAME FIRST MIDDLE LA	AST	1 vent	l res i kin	G WA FIRST, MIDDLE, MAIDEN SURNAME	98031
Gordon Vern Div	velbiss		THE RESIDENCE OF THE PARTY OF T	ay Zickefoose	
Iva Divelbiss		32 MAILING ADDRESS	STREET OR RED NO	CITY OR TOWN	STATE ZIP
BURIAL CREMATION 34 REMOVAL OTHER (Specify)	DATE (Mo Day Yr)	1205 E. IS CEMETERY/CREMATORY—NA		Kent, WA 980	31
Burial 1	11-17-89 H	<u>lillcrest</u> Bur	ial Park	Kent, WA	TATE
SIGNATURE THIN () M	2/01/3	8 NAME OF FACILITY		39 ADDRESS OF FACILITY	
TO BE COMPLET	TED ONLY BY CERTIF	larlatt Mortus		713 N. Centr	al - Kent. WA
			TOOF OO	The state of the s	
TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED	EATH OCCURRED AT THE TIM	E DATE AND PLACE AND DUE T	TO THE 41 ON THE BASIS OF	MPLETED ONLY BY MEDICAL	EXAMINER OR CORONER
TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED	EATH OCCURRED AT THE TIM	ME DATE AND PLACE AND DUE T	O THE 41 ON THE BASIS OF THE TIME DATE AN	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S	EXAMINER OR CORONER
TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED	Kung M.	D.	O THE 41 ON THE BASIS OF THE TIME DATE, AN SIGNATURE AND TITLE	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S	EXAMINER OR CORONER
GNATURE AND TITLE CLOSE(S) STATED GNATURE AND TITLE DATE SIGNED (Mo. Day Yr)	Keeny M.	LE DATE AND PLACE AND DUE TO COME THE COME TO COME THE CO	O THE 41 ON THE BASIS OF THE TIME DATE, AN SIGNATURE AND TITLE	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S	EXAMINER OR CORONER IN MY OPINION DEATH OCCURRED TATED
GNATURE AND TITLE CLOSE(S) STATED GNATURE AND TITLE DATE SIGNED (Mo. Day Yr)	EATH OCCURRED AT THE TIM	LE DATE AND PLACE AND DUE TO COME THE COME TO COME THE CO	O THE 41 ON THE BASIS OF THE TIME DATE, AN SIGNATURE AND TITLE	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S DBy, Yr.)	EXAMINER OR CORONER III. MY OPINION DEATH OCCURRED ATED 45. HOUR OF DEATH (24 I
I TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED GONATURE AND TITLE OLOGICAL U. J. DATE SIGNED (Mo. Day Yr.) NAME AND TITLE OF ATTENDING PHYS	EATH OCCURRED AT THE TIME.	43 HOUR OF DEATH (24 H	O THE AT ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 44 DATE SIGNED (Mo. I	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S DBy, Yr.)	EXAMINER OR CORONER III. MY OPINION DEATH OCCURRED ATED 45. HOUR OF DEATH (24 H
AAYON Kemp. M. D.	EATH OCCURRED AT THE TIME LEAST WHO SICIAN IF OTHER THAN CERTINAL PHYSICIAN MEDICAL EXAMINATION OF A RESIDENCE STATEMENT OF THE STATEMENT OF	43 HOUR OF DEATH (24 H 1410 ER OR CORONER (Type or Print)	O THE AT ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 44 DATE SIGNED (Mo. I. 47 PRONOGNOED DEAD	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr.) D (Mo. Day, Yr.)	EXAMINER OR CORONER IN MY OPINION DEATH OCCURRED 45. HOUR OF DEATH (24 I) 46. HOUR PRONOUNCED D (24 Hrs.)
AAYON Kemp. M. D.	EATH OCCURRED AT THE TIME LEAST WHO SICIAN IF OTHER THAN CERTINAL PHYSICIAN MEDICAL EXAMINATION OF A RESIDENCE STATEMENT OF THE STATEMENT OF	43 HOUR OF DEATH (24 H 1410 ER OR CORONER (Type or Print)	O THE AT ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 44 DATE SIGNED (Mo. I. 47 PRONOGNOED DEAD	MPLETED ONLY BY MEDICAL EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr.) D (Mo. Day, Yr.)	EXAMINER OR CORONER IN MY OPINION DEATH OCCURRED AS: HOUR OF DEATH (24 N 48: HOUR PRONOUNCED D (24 Hrs.)
AAYON Kemp, M. D PART LENTER THE DISEASES INJURIES LIST ONLY ONE CAUSE (Final disease of certifiers and conditions are caused on the cause on caused on the cause	EATH OCCURRED AT THE TIME SIGIAN IF OTHER THAN CERTIF PHYSICIAN MEDICAL EXAMINA 248 OR COMPLICATIONS WHICH	43 HOUR OF DEATH (24 H 1410 FIER (Type of Print) A TOUCH S.E. H CAUSED THE DEATH DO NOT E	O THE 1 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOBINCED DEAD #102 Kent ENTER THE MODE OF DYING, SUCH	MPLETED ONLY BY MEDICAL EXAMINATION AND/OF INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr) O (Mig. Day, Yr) A S ARDIAC OR RESPIRATORY ARREST	EXAMINER OR CORONER III. MY OPINION DEATH OCCURRED 45. HOUR OF DEATH (24) 46. HOUR PRONOUNCED D (24 Hrs.) SHOCK OR HEART FAILURE I INTERVAL BETWEEN ONS
TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED GNATURE AND TITLE DATE SIGNED (Mo. Day Yr) NAME AND ADDRESS OF CERTIFIER—P AAYON KEMP, M.D. PART I ENTER THE DISEASES. INJURIES LIST ONLY ONE CAUSE ON EACH LINE LIST ONLY ONE CAUSE ON EACH LINE MEDIATE CAUSE (Final disease on didition resulting in death). Quentially list conditions, if any diding to immediate cause.	SIGIAN IF OTHER THAN CERTINATION MEDICAL EXAMINATIONS WHICH	J. 43 HOUR OF DEATH 124 H 1410 FIER (Type or Print) 87 104th S.E. H CAUSED THE DEATH DO NOT E	O THE AT ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 44 DATE SIGNED (Mo. I. 47 PRONOGNOED DEAD	MPLETED ONLY BY MEDICAL EXAMINATION AND/OF INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr) O (Mig. Day, Yr) A S ARDIAC OR RESPIRATORY ARREST	EXAMINER OR CORONER LIN MY OPINION DEATH OCCURRED 45. HOUR OF DEATH (24 II 48. HOUR PRONOUNCED D (24 His) SHOCK OR HEART FAILURE
ATO I Kemp, M.D. PART I ENTER THE DESASES INJURIES LIST ONLY ONE CAUSE (Final disease or odition) in death) MEDIATE CAUSE (Final disease or odition) in death)	SICIAN IF OTHER THAN CERTIL PHYSICIAN MEDICAL EXAMINA OR COMPLICATIONS WHICH (A) Mg o DUE TO OR AS	43 HOUR OF DEATH (24 H 1410 FIER (Type of Print) A TOUCH S.E. H CAUSED THE DEATH DO NOT E	O THE 1 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOBINCED DEAD #102 Kent ENTER THE MODE OF DYING, SUCH	MPLETED ONLY BY MEDICAL EXAMINATION AND/OF INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr) O (Mig. Day, Yr) A S ARDIAC OR RESPIRATORY ARREST	EXAMINER OR CORONER III. MY OPINION DEATH OCCURRED 45. HOUR OF DEATH (24 t) 46. HOUR PRONOUNCED D (24 Hrs.) SHOCK OR HEART FAILURE I INTERVAL BETWEEN ONS
ATO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED GANTURE AND TITLE DATE SIGNED (Mo. Day Yr.) NAME AND ADDRESS OF CERTIFIER PATON Kemp, M.D. PART I ENTER THE DISEASES INJURIES LIST ONLY ONE CAUSE ON EACH LINE IMEDIATE CAUSE (Final disease or of the control o	SICIAN IF OTHER THAN CERTIL PHYSICIAN MEDICAL EXAMIN 248. 6 OR COMPLICATIONS WHICH OF (A) Mg o DUE TO OR AS (B) DUE TO OR AS	J. 43 HOUR OF DEATH 124 H 1410 FIER (Type or Print) 87 104th S.E. H CAUSED THE DEATH DO NOT E	O THE 1 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOBINCED DEAD #102 Kent ENTER THE MODE OF DYING, SUCH	MPLETED ONLY BY MEDICAL EXAMINATION AND/OF INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr) O (Mig. Day, Yr) A S ARDIAC OR RESPIRATORY ARREST	AS. HOUR OF DEATH (24 H 45. HOUR OF DEATH (24 H 46. HOUR PRONOUNCED D (24 Hrs.) SHOCK OR HEART FAILURE INTERVAL BETWEEN ONSI AND DEATH
TO THE BEST OF MY KNOWLEDGE DE CAUSE(S) STATED GNATURE AND TITLE DATE SIGNED (MO. Day Yr.) NAME AND ADDRESS OF CERTIFIER—F AAYON KEMP, M.D PART I ENTER THE DISEASES. INJURIES. LIST ONLY ONE CAUSE ON EACH LINE IMEDIATE CAUSE (Final disease of ondition resulting in death) quertially list conditions, if any iding to immediate cause Enter DERLYING CAUSE (Disease or in y which initiated events resulting in ath) LAST	SIGIAN IF OTHER THAN CERTIL PHYSICIAN MEDICAL EXAMIN 248 OR COMPLICATIONS WHICH (A) Mg O DUE TO OR AS (C)	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIAL A CONSEQUENCE OF	OTHE 41 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOBINCED DEAD #102 Kent INTER THE MODE OF DYING, SUCH	MPLETED ONLY BY MEDICAL EXAMINATION AND/OF INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S DOBY, Yr) O (Mo. Day, Yr) A SARDIAC OR RESPIRATORY ARREST H'ON	AS. HOUR OF DEATH (24 I 45. HOUR OF DEATH (24 I 46. HOUR PRONOUNCED C (24 Hrs.) SHOCK OR HEART FAILURE INTERVAL BETWEEN ONS AND DEATH INTERVAL BETWEEN ONS AND DEATH
AAYON Kemp, M.D PART I ENTER THE DISEASES INJURIES LIST ONLY ONE CAUSE (Final disease or individual minimal and introduced and interest in the property of the condition resulting in death). MEDIATE CAUSE (Final disease or indition resulting in death). MEDIATE CAUSE (Disease or in y which initiated events resulting in ath). LAST	SIGIAN IF OTHER THAN CERTIL PHYSICIAN MEDICAL EXAMIN 248 OR COMPLICATIONS WHICH (A) Mg O DUE TO OR AS (C)	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIAL A CONSEQUENCE OF	OTHE 41 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOBINCED DEAD #102 Kent INTER THE MODE OF DYING, SUCH	EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr) WA 98031 I AS CARDIAC OR RESPIRATORY ARREST H ON	AS. HOUR OF DEATH (24 I AS. HOUR OF DEATH (24 I AS. HOUR PRONOUNCED C (24 Hrs.) SHOCK OR HEART FAILURE INTERVAL BETWEEN ONS AND DEATH INTERVAL BETWEEN ONS AND DEATH INTERVAL BETWEEN ONS AND DEATH
CAUSE(STATE) ATENDATE AND TITLE CAUSE(STATE) GNATURE AND TITLE DATE SIGNED (Mo. Day Yr.) NAME AND ADDRESS OF CERTIFIER—F AAYON Kemp, M.D PART I ENTER THE DISEASES. INJURIES LIST ONLY ONE CAUSE (Final disease on modition resulting in death) quentially list conditions. If any, dring to immediate cause. Enter DEERLY ING CAUSE (Disease or in y which initiated events resulting in ath) LAST OTHER SIGNIFICANT CONDITIONS—CON Lukeuri	SICIAN IF OTHER THAN CERTINATED AT THE TIME TO THE THAN CERTINATED AT THE THAN CERTINATED A	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIAL A CONSEQUENCE OF	THE UNDERLYING CAUSE GIVEN ALL	EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr.) MA 98031 I AS CARDIAC OR RESPIRATORY ARREST H ON BOVE ST AUTOPSY? (Yes No.) Yes	SHOCK OR HEART FAILURE I INTERVAL BETWEEN ONS AND DEATH INTERVAL BETWEEN ONS AND DEATH SI WAS CASE REFERRED MEDICAL EXAMINER OR CO ONER? IYES NO YES
CAUSE (Final disease or in which inhated events resulting in ath) LAST OTHER SIGNIFICANT CONDITIONS—CONDITION	EATH OCCURRED AT THE TIME SICIAN IF OTHER THAN CERTIF PHYSICIAN MEDICAL EXAMIN 248. 6 OR COMPLICATIONS WHICH OF (A) Mg o DUE TO OR AS (C) NDITIONS CONTRIBUTING TO A NURY DATE (Mo. Day, Yr.)	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) ER OR CORONER (Type & Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIAL A CONSEQUENCE OF DEATH BUT NOT RESULTING IN 56 HOUR OF INJURY (24 Ho	OTHE AT ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE X 47 PRONOGNOES DEAD 47 PRONOGNOES DEAD 47 PRONOGNOES DEAD 47 PRONOGNOES DEAD 48 DATE SIGNED (MO. I. 49 PRONOGNOES DEAD 40 PRONOGNOES DEAD 41 DESCRIBE HOW INJURE 57 DESCRIBE HOW INJURE	EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr.) MA 98031 I AS CARDIAC OR RESPIRATORY ARREST H ON BOVE ST AUTOPSY? (Yes No.) Yes	SHOCK OR HEART FAILURE I INTERVAL BETWEEN ONS AND DEATH INTERVAL BETWEEN ONS AND DEATH SI WAS CASE REFERRED MEDICAL EXAMINER OR CO ONER? IYES NO YES
CAUSE(S) STATED ATE SIGNED (Mo. Day Yr.) NAME AND TITLE OF ATTENDING PHYS NAME AND ADDRESS OF CERTIFIER—P AAYON Kemp, M.D PART I ENTER THE DISEASES INJURIES LIST ONLY ONE CAUSE (Final disease on the continuous of the contin	EATH OCCURRED AT THE TIME SICIAN IF OTHER THAN CERTIF PHYSICIAN MEDICAL EXAMIN 248. 6 OR COMPLICATIONS WHICH OF (A) Mg o DUE TO OR AS (C) NDITIONS CONTRIBUTING TO A NURY DATE (Mo. Day, Yr.)	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIA A CONSEQUENCE OF DEATH BUT NOT RESULTING IN	O THE 11 ON THE BASIS OF THE TIME DATE AN SIGNATURE AND TITLE AT PRONOBINCED DEAD 47 PRONOBINCED DEAD 47 PRONOBINCED DEAD 14 PRONOBING SUCH AND	EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S Day, Yr.) MA 98031 I AS CARDIAC OR RESPIRATORY ARREST H ON BOVE ST AUTOPSY? (Yes No.) Yes	AS. HOUR OF DEATH (24 H 45. HOUR OF DEATH (24 H 46. HOUR PRONOUNCED D (24 Hrs.) SHOCK OR HEART FAILURE I INTERVAL BETWEEN ONSE AND DEATH INTERVAL BETWEEN ONSE AND DEATH ST. WAS CASE REFERRED T MEDICAL EXAMINER OR CO ONER? IYES NOT YES
CAUSE(S) STATED ATE SIGNED (Mo. Day Yr.) NAME AND TITLE OF ATTENDING PHYS NAME AND ADDRESS OF CERTIFIER—P AAYON Kemp, M.D PART I ENTER THE DISEASES INJURIES LIST ONLY ONE CAUSE (Final disease on the continuous of the contin	EATH OCCURRED AT THE TIME SICIAN IF OTHER THAN CERTIFICATION MEDICAL EXAMINATION OF THE THAN CERTIFICATION WHICH THE TOTAL CANADITY OF THE THAN CERTIFICATION OF THE THAN CER	43 HOUR OF DEATH (24 H 1410 FIER (Type or Print) ER OR CORONER (Type & Print) 37 104th S.E. CAUSED THE DEATH DO NOT E CAPALIAL A CONSEQUENCE OF DEATH BUT NOT RESULTING IN 56 HOUR OF INJURY (24 Ho	THE UNDERLYING CAUSE GIVEN AND THE EMPLE TO THE TIME DATE AN SIGNATURE AND TITLE TO THE PRONOBINCE DEAD AND THE EMPLE THE MODE OF DYING, SUCH THE EMPLE THE MODE OF DYING, SUCH THE EMPLE THE MODE OF DYING. SUCH THE EMPLE THE MODE OF DYING, SUCH THE EMPLE THE MODE OF DYING.	EXAMINATION AND/OR INVESTIGATION D PLACE AND DUE TO THE CAUSE(S) S DRY, Yr.) O (MG DRY, Yr.) WA 98031 I AS CARDIAC OR RESPIRATORY ARREST H ON BOVE ST AUTOPSY? (Yes No.) Y & S IY OCCURRED	AS HOUR OF DEATH (24 H 45 HOUR OF DEATH (24 H 48 HOUR PRONOUNCED D (24 Hrs.) SHOCK OR HEART FAILURE INTERVAL BETWEEN ONSE AND DEATH INTERVAL BETWEEN ONSE AND DEATH INTERVAL BETWEEN ONSE AND DEATH