

## 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 Kent.

### 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



# STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES

## DIVISION OF HEALTH

### CERTIFIED COPY OF DEATH CERTIFICATE

**9922**

STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
VITAL RECORDS

LOCAL FILE NUMBER

#### CERTIFICATE OF DEATH

1 NAME—FIRST MIDDLE LAST <b>Charles G. DIVELBISS</b>				2 SEX <b>Male</b>		3 DEATH DATE (Mo. Day Yr) <b>Nov. 14, 1989</b>		146		STATE FILE NUMBER	
4 AGE LAST BIRTHDAY (Yrs) <b>66</b>		5 UNDER 1 YEAR MOS DAYS HOURS MINS		7 BIRTHDATE (Mo. Day Yr) <b>Aug. 2, 1923</b>		8 BIRTH STATE (If not in USA give country) <b>Texas</b>		9 CITIZEN OF WHAT COUNTRY? <b>USA</b>		10 COUNTY OF DEATH <b>King</b>	
11 CITY, TOWN OR LOCATION OF DEATH <b>Kent</b>				12 PLACE OF DEATH — <input checked="" type="checkbox"/> 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 RM OUT PTN 4 <input type="checkbox"/> HOSP 5 <input type="checkbox"/> NUR HOME 6 <input type="checkbox"/> OTHER PLACE <b>1205 East Chicago</b>				13 SMOKING IN LAST 15 YEARS? (Yes/No) <b>Yes</b>			
14 MARITAL STATUS — Married Never Married Widowed <b>Married</b>		15 SURVIVING SPOUSE (If wife give maiden name) <b>Iva Rogers</b>		16 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) <b>Yes</b>		17 SOCIAL SECURITY NO <b>458-18-8655</b>		18 HIGH SCHOOL GRADUATE? (Yes/No) <b>yes</b>			
19 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Engineer</b>				20 KIND OF BUSINESS OR INDUSTRY <b>Boeing</b>		21 Was Decedent of Hispanic Origin or descent? (Ancestry) (Specify Yes or No. If Yes specify Cuban, Mexican, Puerto Rican, etc.) 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		22 RACE (White, Black, Asian or Pacific Islander, Am Ind, Hispanic, etc. (Specify)) <b>White</b>			
23 RESIDENCE NUMBER AND STREET <b>1205 East Chicago</b>				24 CITY/TOWN OR LOCATION <b>Kent</b>		25 INSIDE CITY LIMITS? (Yes/No) <b>Yes</b>		26 COUNTY <b>King</b>		27 STATE <b>WA</b>	
29 FATHER'S NAME—FIRST MIDDLE LAST <b>Gordon Vern Divelbiss</b>				30 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME <b>Sylvia May Zickefoose</b>				28 ZIP CODE <b>98031</b>			
31 INFORMANT—NAME <b>Iva Divelbiss</b>				32 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP <b>1205 E. Chicago Kent, WA 98031</b>							
33 BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>		34 DATE (Mo. Day Yr) <b>11-17-89</b>		35 CEMETERY, CREMATORY—NAME <b>Hillcrest Burial Park</b>		36 LOCATION—CITY/TOWN, STATE <b>Kent, WA</b>					
37 FUNERAL DIRECTOR SIGNATURE <i>Cynthia D. Marlatt</i>		38 NAME OF FACILITY <b>Marlatt Mortuary</b>		39 ADDRESS OF FACILITY <b>713 N. Central - Kent, WA 98032</b>							
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN						TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER					
40 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X Aaron W. Kemp M.D.</b>						41 ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE AND TITLE <b>X</b>					
42 DATE SIGNED (Mo. Day Yr) <b>11/15/89</b>			43 HOUR OF DEATH (24 Hrs) <b>1410</b>			44 DATE SIGNED (Mo. Day Yr)			45 HOUR OF DEATH (24 Hrs)		
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) <b>Aaron Kemp, M.D. 24837 104th S.E. #102 Kent, WA 98031</b>											
50 PART I. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE 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.											
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST				(A) <b>Myocardial Infarction</b>				INTERVAL BETWEEN ONSET AND DEATH			
				(B) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
				(C) DUE TO OR AS A CONSEQUENCE OF				INTERVAL BETWEEN ONSET AND DEATH			
51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <b>Lukemia</b>						52 AUTOPSY? (Yes/No) <b>Yes</b>		53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) <b>Yes</b>			
54 ACC. SUICIDE MO. UNDET. OR PENDING INVEST. (Specify)		55 INJURY DATE (Mo. Day Yr)		56 HOUR OF INJURY (24 Hrs)		57 DESCRIBE HOW INJURY OCCURRED		NJ#3337-89			
58 INJURY AT WORK? (Yes/No)		59 PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60 LOCATION—STREET OR RFD NO. CITY/TOWN, STATE							
61 REGISTRAR SIGNATURE <b>X</b>						62 DATE RECEIVED (Mo. Day Yr) <b>NOV 17 1989</b>					

DSHS 9-150 (Rev. 1-80) 1187