

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

003
2000 042030

1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8. FATHER'S NAME
9. MOTHER'S NAME
10. INFORMANT
11. BURIAL
12. FUNERAL
13. SIGNATURE
14. DATE
15. NAME AND TITLE
16. NAME AND ADDRESS
17. IMMEDIATE CAUSE
18. UNDERLYING CAUSE
19. OTHER SIGNIFICANT CONDITIONS
20. ACC SUICIDE
21. INJURY AT WORK
22. RECORD AMENDMENT

1. NAME First Middle Last Mira A. JOHNSON		2. SEX (M/F) Female	3. DEATH DATE (Mo, Day, Yr) Jan. 1, 2000
4. AGE LAST BIRTHDAY (Yrs) 85	5. UNDER 1 YEAR MOS DAYS HOURS MINS	6. UNDER 1 DAY MOS DAYS HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) Oct. 23, 1914
8. BIRTHPLACE (City, State or Foreign Country) Crown Point, IN		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? No	10. COUNTY OF DEATH Okanogan
11. CITY, TOWN OR LOCATION OF DEATH Twisp		12. PLACE OF DEATH — 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"/> LONG HOME 6 <input type="checkbox"/> OTHER PLACE 315 Lincoln St.	
13. SMOKING 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. 310-36-5194	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) -
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19. KIND OF BUSINESS OR INDUSTRY Home	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) White		22. RESIDENCE — NUMBER AND STREET 315 Lincoln	
23. CITY/TOWN OR LOCATION Twisp		24. INSIDE CITY LIMITS? (Yes/No) Yes	25. COUNTY Okanogan
26. LENGTH OF RES. IN CO. unk		27. STATE WA.	28. ZIP CODE 98856
29. FATHER'S NAME — FIRST, MIDDLE, LAST Burr Easto		30. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Dessie Bixler	
31. INFORMANT — NAME Terrance McCarty		32. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 326 E. Derbyshire Arlington HT IL60007	
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo, Day, Yr) 1-11-2000	35. CEMETERY/CREMATORY — NAME C.R. Services
36. LOCATION — CITY/TOWN, STATE Wenatchee, WA.		37. FUNERAL DIRECTOR SIGNATURE X [Signature]	
38. NAME OF FACILITY Precht-Harrison Chapel		39. ADDRESS OF FACILITY Box 2059 Omak WA. 98841	
40. TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN 39. 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 X [Signature]		40. TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER 43. 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 X [Signature]	
41. DATE SIGNED (Mo., Day, Yr) JAN 7, 2000		42. HOUR OF DEATH (24 Hrs.) 0945	
43. DATE SIGNED (Mo., Day, Yr) JUN 13 2000		44. HOUR OF DEATH (24 Hrs.)	
45. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Jenson		46. PRONOUNCED DEAD (Mo., Day, Yr) PETER BENJAMIN LAKE COUNTY AUDITOR	
47. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Box 66 Twisp WA. 98856		48. ME/CORONER FILE NUMBER	
60. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death). Cerebral infarction		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
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.		DUE TO, OR AS A CONSEQUENCE OF Cerebral thrombosis	
DUE TO, OR AS A CONSEQUENCE OF atherosclerotic cerebrovascular disease		INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
DUE TO, OR AS A CONSEQUENCE OF diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 70 yrs.	
DUE TO, OR AS A CONSEQUENCE OF diabetes mellitus		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE.		52. AUTOPSY? (Yes/No) No	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) No
54. ACC SUICIDE HOM UNDET. OR PENDING INVEST (Specify)	55. INJURY DATE (Mo, Day Yr)	56. HOUR OF INJURY (24 Hrs.) DESCRIBE HOW INJURY OCCURRED 00987	
57. INJURY AT WORK? (Yes/No)	58. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC (Specify)	59. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE 9.02	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE Agley Registrar		63. DATE RECEIVED (Mo., Day Yr) 1-11-2000	



FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev 7/91) (formerly DSHS 9-160)

DOH 01-003 (5/99)

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/>		1. STATE FILE NUMBER		for
Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		3. DATE OF EVENT		4. PLACE OF EVENT (City and County)
2. NAME		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		7. THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:		
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY ^{15.}				
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT!				
16. SIGNATURE		17. DATE		18. ADDRESS

DCH 110-007 (Rev 3-99)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Allen Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. This affidavit cannot be used to add a father to a birth certificate. (use the paternity affidavit - form DOH 110-001)

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above. A person's own birth certificate is also acceptable proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
 Center for Health Statistics
 1112 Quince Street South
 P.O. Box 9709
 Olympia, WA 98507-9709

This is a legal document.
 Complete in ink and do not alter.

CERTIFIED

JAN 18 2000

Donald Brecht
 Dr. Donald Brecht, M.D.
 Okanogan County Health District
 Okanogan, WA 98840

HH150681

