



200107120075
, Skagit County Auditor

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Document Title:

Death Certificate

Reference Number :

Grantor(s):

additional grantor names on page ____.

1. State of Washington

2.

Grantee(s):

additional grantee names on page ____.

1. Joseph E. Nelles

2.

Abbreviated legal description:

full legal on page(s) ____.

Assessor Parcel / Tax ID Number:

additional tax parcel number(s) on page ____.

P 52905

3724-000-014-0003

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

460 LOCAL FILE NUMBER

146 STATE FILE NUMBER

STATE FILE NUMBER

1. NAME — First Middle Last Joseph E. Nelles				2. SEX (M/F) Male		3. DEATH DATE (Mo., Day, Yr) June 15, 2001	
4. AGE LAST BIRTHDAY (Yrs) 69		5. UNDER 1 YEAR MOS DAYS HOURS MINS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo., Day, Yr)	
8. BIRTHPLACE (City, State or Foreign Country) Mt. Vernon, WA				9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No) Yes		10. COUNTY OF DEATH Skagit	
11. CITY, TOWN OR LOCATION OF DEATH Mount Vernon				12. PLACE OF DEATH — IN BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1211 Quentin Ave.			
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Divorced		15. SURVIVING SPOUSE (If wife, give maiden name) N/A		16. SOCIAL SECURITY NO. [REDACTED]		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) X-Ray Technician		19. KIND OF BUSINESS OR INDUSTRY Hospital X-Ray		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No/White		21. RACE (Specify) White	
22. RESIDENCE — NUMBER AND STREET 1211 Quentin Ave.		23. CITY/TOWN OR LOCATION Mount Vernon		24. INSIDE CITY LIMITS? (Yes/No) Yes		25. COUNTY Skagit	
26. LENGTH OF RES. IN CO. 25 Yrs.		27. STATE Wash.		28. ZIP CODE 98274			
28. FATHER'S NAME — FIRST, MIDDLE, LAST Elden H. Nelles				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Mary L. [REDACTED]			
30. INFORMANT — NAME Mary L. Nelles				31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP 1211 Quentin Ave. Mount Vernon, Wash. 98274			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Burial		33. DATE (Mo., Day, Yr) June 19, 2001		34. CEMETERY/CREMATORY — NAME Hawthorne Memorial Park		35. LOCATION — CITY/TOWN, STATE Mount Vernon, Wash. 98273	
36. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Kern Funeral Home		38. ADDRESS OF FACILITY 1122 S. 3rd St. Mount Vernon, Wash. 98273			
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 <i>[Signature]</i> MD				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			
40. DATE SIGNED (Mo., Day, Yr) 6-18-01		41. HOUR OF DEATH (24 Hrs.) 1128		44. DATE SIGNED (Mo., Day, Yr)		45. HOUR OF DEATH (24 Hrs.)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Mark L. Johnson, MD 1400 E. Kincaid St. Mount Vernon, Wash. 98274				49. ME/CORONER FILE NUMBER NJA-101			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. metastatic pancreatic carcinoma				INTERVAL BETWEEN ONSET AND DEATH 1 MONTH	
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.		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	
		D. 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 GIVE ABOVE:				52. AUTOPSY? (Yes/No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No) Yes	
54. ACC. SUICIDE, HGM, UNDET. OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo., Day, Yr)		56. HOUR OF INJURY (24 Hrs.)		57. DESCRIBE HOW INJURY OCCURRED:	
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. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE X Dorothy Epps, deputy		63. DATE RECEIVED (Mo., Day, Yr) JUN 18 2001	



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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"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER _____ for _____		
2. NAME _____		3. DATE OF EVENT _____	4. PLACE OF EVENT (City and County) _____	
5. FATHER'S FULL NAME (if Birth); HUSBAND (if Marriage/Dissolution) _____			6. MOTHER'S FULL MAIDEN NAME (if Birth); WIFE (if Marriage/Dissolution) _____	
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)	Alien 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

Skagit County Health Department
 Howard Leibrand M.D., Health Officer

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

Howard Leibrand
 Date Issued _____



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JUN 20 2001
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