



201209210057

Skagit County Auditor

**Document Title:**

Death Certificate

**Reference Number :** 8203090011

**Grantor(s):**

additional grantor names on page \_\_\_\_.

1. Mack F. Thomson

2.

**Grantee(s):**

additional grantee names on page \_\_\_\_.

1. Public

2.

**Abbreviated legal description:**

full legal on page(s) \_\_\_\_.

(2.0000 AC) TAX 28BAAAA BEG ON S LI SEC 12 SD PT IS 1479.53FT E OF SW C SD SEC 12 TH N 653.53FT TH E 200FT TH S TO MEAN LI TH WLY SLG MEAN LI TAP S OF POB TH N TPB LESS RD & TAX 28BAAAB

**Assessor Parcel / Tax ID Number:**

additional tax parcel number(s) on page \_\_\_\_.

P31394 / 350112-0-058-0005

UNOFFICIAL DOCUMENT

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number: **334-11** Washington State Certificate of Death State File Number: **2011 53756**

1. Legal Name (include AKA's if any): **Mack E. Thomson** 2. Death Date: **April 9, 2011**

3. Sex (M/F): **Male** 4a. Age - Last Birthday: **79** 4b. Under 1 Year: **Months** 4c. Under 1 Day: **Hours** 5. Social Security Number: **[REDACTED]** 6. County of Death: **Skagit**

7. Birthdate: **[REDACTED]** 8a. Birthplace (City, Town, or County): **Seattle** 8b. (State or Foreign Country): **Washington** 9. Decedent's Education: **High school graduate**

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: **No** 11. Decedent's Race(s): **White** 12. Was Decedent ever in U.S. Armed Forces? **Yes**

13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.): **911 21st Street** 13b. City or Town: **Anacortes**

13c. Residence: County: **Skagit** 13d. Tribal Reservation Name (if applicable): **[REDACTED]** 13e. State or Foreign Country: **Washington** 13f. Zip Code + 4: **98221** 13g. Inside City Limits?  Yes  No  Unk

14. Estimated length of time at residence: **6 years** 15. Marital Status at Time of Death: **Married, but sep.** 16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): **Sally DeLong**

17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)): **Engineer** 18. Kind of Business/Industry (Do not use Company Name): **Machinist**

19. Father's Name (First, Middle, Last, Suffix): **Henry E. Thomson** 20. Mother's Name Before First Marriage (First, Middle, Last): **Marguerite [REDACTED]**

21. Informant's Name: **Kelly Thomson** 22. Relationship to Decedent: **Daughter** 23. Mailing Address: Number and Street or RFD No. City or Town State Zip: **14862 71st Avenue Surrey, B.C. Canada V3S0X3**

24. Place of Death, if Death Occurred in a Hospital: **Emergency Room** 24. Place of Death, if Death Occurred Somewhere Other than a Hospital: **[REDACTED]**

25. Facility Name (if not a facility, give number & street or location): **Island Hospital** 26a. City, Town, or Location of Death: **Anacortes** 26b. State: **WA** 27. Zip Code: **98221**

28. Method of Disposition: **Donation/Cremation** 29. Place of Final Disposition (Name of cemetery, crematory, other place): **University of Washington** 30. Location-City/Town, and State: **Seattle, Washington**

31. Name and Complete Address of Funeral Facility: **Department of Bio-Structures School of Medicine Seattle, Washington** 32. Date of Disposition: **April 14, 2011**

33. Funeral Director Signature X: **[Signature]** **Jason A. Hardt**

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → **a. Coronary Artery Disease** Interval between Onset & Death: **Hours**  
Due to (or as a consequence of): **[REDACTED]**

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST **b. Atherosclerosis** Interval between Onset & Death: **Hours**  
Due to (or as a consequence of): **[REDACTED]**

**c. [REDACTED]** Interval between Onset & Death: **[REDACTED]**

**d. [REDACTED]** Interval between Onset & Death: **[REDACTED]**

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: **Cerebrovascular disease, Dementia (multi-infarct)**

36. Autopsy?  Yes  No 37. Were autopsy findings available to complete the Cause of Death?  Yes  No

38. Manner of Death:  Natural  Homicide  Accident  Undetermined  Suicide  Pending 39. If female:  Not pregnant within past year  Not pregnant, but pregnant within 42 days before death  Pregnant at time of death  Not pregnant, but pregnant 43 days to 1 year before death  Unknown if pregnant within the past year 40. Did tobacco use contribute to death?  Yes  Probably  No  Unknown

41. Date of Injury (mm/dd/yyyy): **[REDACTED]** 42. Hour of Injury (24hrs): **[REDACTED]** 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area): **[REDACTED]** 44. Injury at Work?  Yes  No  Unk

45. Location of Injury: Number & Street: **[REDACTED]** Apt. No.: **[REDACTED]** City or Town: **[REDACTED]** County: **[REDACTED]** State: **[REDACTED]** Zip Code + 4: **[REDACTED]**

46. Describe how injury occurred: **[REDACTED]** 47. If transportation injury, specify:  Driver/Operator  Pedestrian  Passenger  Other (Specify): **[REDACTED]**

48a. Certifying Physician: On the basis of my knowledge, death occurred on the time, date, and place and due to the cause(s) and manner stated. **[Signature]** 48b. Medical Examiner/Coroner: 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) and manner stated. **[Signature]**

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): **CHARLES KOTAL, MD 412 32nd ST ANACORTES WA 98221** 50. Hour of Death (24hrs): **10:30am**

51. Name and Title of Attending Physician if other than Certifier (Type or Print): **[REDACTED]** 52. Date Signed (mm/dd/yyyy): **4/12/11**

53. Title of Certifier: **MD** 54. License Number: **MD00035375** 55. ME/Coroner File Number: **NJA-209** 56. Was case referred to ME/Coroner?  Yes  No

57. Registrar Signature: **[Signature]** **Maria S. Vivanco, Deputy Registrar** 58. Date Received (mm/dd/yyyy): **APR 14 2011**

59. Amendments: **[REDACTED]**



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Part 1 completed by Funeral Director

Part 2 completed by Certifier

DOH/CHS 003 Rev. 07/09/07



# Affidavit for Correction

Center for Health Statistics  
P.O. Box 47514  
Olympia, WA 98504-7814  
(360) 236-4300

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

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Use the section below for requesting any changes on the record.

Record Type:  Birth  Death  Marriage  Dissolution

1. Name on record: \_\_\_\_\_ 2. Date of Event: \_\_\_\_\_ 3. Place of Event: (City or County) \_\_\_\_\_

4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution) \_\_\_\_\_ 5. Mother's Full Maiden Name (For Birth): (Wife for Marriage or Dissolution) \_\_\_\_\_

The Record is Incorrect or Incomplete as follows:

The Record now shows:	The True fact is:
6. _____	7. _____
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____

14. I represent the person as:  Self  Parent  Guardian  Informant  Funeral Director  Other (Specify) \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct.

15. Signature: \_\_\_\_\_ 16. Date: \_\_\_\_\_ 17. Address: \_\_\_\_\_

All vital records are registered as received.  
**Most changes must be established by documentary proof submitted with the affidavit**  
 Examples of documentary proof: Certificate of Naturalization, Numident Report (Social Security Administration), School Transcripts (Official), Hospital /Medical Record, Military Record (DD-214), Voter's Registration Card (if it bears an effective date), Life Insurance Policy, Birth Record, Alien Registration Card (front and back), Marriage/Divorce Record, Passport, We do not accept Driver's License, Social Security card or a hospital issued decorative birth certificate.

**Birth Certificates:**

- Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
- 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.
- Child (under 18)**
  - Only parent(s) or legal guardian can change the birth certificate.
  - Guardian must submit certified court order giving them authority to act on behalf of child(ren).
  - Up to age one, the last name of the child can be changed once, to the mother's maiden name, father's name (if present on the certificate) or any combination of the two. After age one a court ordered legal name change is required.
  - Parent(s) may change the child's first or middle name by completing this affidavit of correction. No proof is needed.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
- Adult (18 years or older)**
  - Only the adult themselves can change the birth certificate.
  - If the first or middle name is absent, three pieces of documentary proof are required.
  - If the first and/or middle name is misspelled, two pieces of documentary proof are required.
  - To correct birth date, place of birth or parent's information, one documentary proof is required.
  - Proof must be five (or more) years old or have been established within five years of birth.

**This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment - form DOH/CHS 021)**

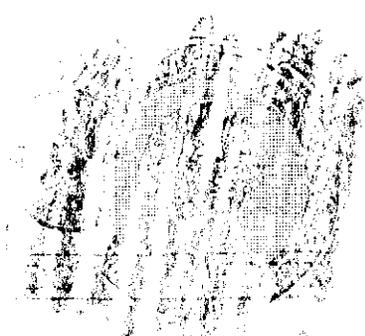
**Death Certificates:**

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
- If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.

**Marriage/Dissolution (Divorce) Certificates:**

- Personal fact(s) (minor spelling changes in name, date, or place of birth or residence) may be changed by affidavit (with proof) by the person.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

DOH/CHS 023a January 2012



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