201401030029
Skagit County Auditor
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$34.00

RETURN ADDRESS:
WILLIAM M. ZINGARELLI, P.S.
P.O. Box 356
Stanwood, WA 98292

TYPE OF DOCUMENT:
Death Certificate

Grantor/Borrower:
1. MATZEN, William Paul

Grantee/Assignee/Beneficiary:
1.

Legal Description: (Lot, Block, Plat or Section.
Twp. Range) W 47' of Lots 1 through 5, Block 22 Plat of So Add
To Mt Vernon
(Additional Legal on Pg 1 of document)

Assessor's Property Tax Parcel/Account No: 3758-022-005-0007/P54362

Legal description: The West 47 feet of Lots 1, 2, 3, 4 and 5, Block 22, PLAT OF THE SOUTHERN ADDITION TO MT. VERNON, as per plat recorded in Volume 2 of Plats, Page 110, records of Skagit County, Washington.

Situate in the City of Mount Vernon, County of Skagit, State of Washington.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2013-025011

DATE ISSUED: 01/02/2014

FEE NUMBER: 0000000029

GIVEN NAMES: WILLIAM PAUL
LAST NAME: MATZEN

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: DECEMBER 29,2013
HOUR OF DEATH: 05:10 P.M.
SEX: MALE
AGE: 80 YEARS
SOCIAL SECURITY NUMBER: [redacted]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [redacted]
BIRTHPLACE: GLENDALE, LOS ANGELES CNTY, CALIFORNIA

MARITAL STATUS: MARRIED
SPOUSE: KATHLEEN LANGMACK

OCCUPATION: ARCHITECTURAL DESIGN
INDUSTRY: CONSTRUCTION DEVELOPMENT
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? YES

INFORMANT: KATHLEEN MATZEN
RELATIONSHIP: WIFE
ADDRESS: 720 WEST HAZEL STREET MOUNT VERNON, WA 98273

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 720 WEST HAZEL STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 720 WEST HAZEL STREET
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 16 YEARS

FATHER: PAUL O MATZEN
MOTHER: LUCILLE [redacted]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: MOUNT VERNON CREMATORY
CITY, STATE: MOUNT VERNON, WA
DISPOSITION DATE: JANUARY 02,2014

FUNERAL FACILITY: KERN FUNERAL HOME
ADDRESS: 1122 S. 3RD STREET
CITY, STATE, ZIP: MT. VERNON WA 98273
FUNERAL DIRECTOR: JEREMIAH T. LESOURD

CAUSE OF DEATH:
A. RESPIRATORY FAILURE
INTERVAL: DAYS
B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE
INTERVAL: YEARS
C.
INTERVAL:
D.
INTERVAL:

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OTHER CONDITIONS CONTRIBUTING TO DEATH:
CANCER OF PROSTATE, SEVERE DEGENERATIVE BACK AND NECK DISEASE, FAILURE TO THRIVE,

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY occurred:

MANNER OF DEATH: NATURAL
AUTOPSY: NO
AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH? YES
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: JAMES BECKNER, MD
TITLE: PHYSICIAN
CERTIFIER
ADDRESS: P.O. BOX 399
CITY,STATE,ZIP: STANWOOD WA 98292
DATE SIGNED: DECEMBER 31,2013

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NJA-737
ATTENDING PHYSICIAN:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

LOCAL DEPUTY REGISTRAR:
MARIA VIVANCO
DATE RECEIVED: JANUARY 02,2014

DOH 01-003 (1/13)

CERTIFIED

JAN 02 2014

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

ZZ00026370