201510260022
Skagit County Auditor
10/26/2015 Page 1 of 3 10:55AM
$35.00

WHEN RECORDED RETURN TO:

Mike Howisey
PO Box 433
Entiat, WA 98822

DOCUMENT TITLE(S):
Death Certificate

GUARDIAN NORTHWEST TITLE CO.
108026

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
Frieda Howisey

GRANTEE:

ABBREVIATED LEGAL DESCRIPTION:
Lot 512, , Shelter Bay No. 3, according to the Plat thereof filed in Volume 43 of Plats at Page(s) 839 To 842, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):
P128872, 5100-003-512-0000

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number: 2169

Washington State Certificate of Death

State File Number:

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First	Middle	LAST	Suffix	2. Death Date
FRIEDA		HOWISEY		June 21, 2013

3. Sex (M/F)	4a. Age – Last Birthday	4b. Under 1 Year Months / Days	4c. Under 1 Day Hours / Minutes	5. Social Security Number	6. County of Death
Female	84			[redacted]	Snohomish

7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education
[redacted]	Holiday	ND	Some College Credit (2 yrs.)

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

13a. Residence: Number and Street (e.g., 324 SE 5th St.) (Include Apt. No.)	13b. City or Town
20116 Ben Howard Rd.	Monroe

13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?
Snohomish	NA	WA	98272	☐ Yes ☒ No ☐ Unk

14. Estimated length of time at residence	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)
51 Years	Married	Wallace Howisey

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

19. Father's Name (First, Middle, Last, Suffix)	20. Mother's Name Before First Marriage (First, Middle, Last)
Jacob Bahnmiller	Elizabeth [redacted]

21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip
Wallace Howisey	Spouse	20116 Ben Howard Rd. Monroe, WA 98272

24. Place of Death, If Death Occurred in a Hospital:	Place of Death, if Death Occurred Somewhere Other than a Hospital:
	Residence

25. Facility Name (If not a facility, give number & street or location)	26a. City, Town, or Location of Death	26b. State	27. Zip Code
20116 Ben Howard RD	Monroe	WA	98272

28. Method of Disposition	29. Place of Final Disposition (Name of cemetery, crematory, other place)	30. Location-City/Town, and State
BURIAL	Woodlawn Cemetery	Snohomish, WA

31. Name and Complete Address of Funeral Facility	32. Date of Disposition
Purdy & Kerr with Dawson Funeral Home 409 W. Main St. Monroe, WA 98272	June 27, 2013

33. Funeral Director Signature X [signature] Terry Lineaweaver #2120

Part 2 completed by Certifier

Cause of Death (See instructions and examples)

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. CHF	< 1 wk
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. DMI	10 years
	c.	
	d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Left hip fracture, Chronic obstructive pulmonary disease

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

38. Manner of Death	39. If female	40. Did tobacco use contribute to death?
☐ Natural ☐ Homicide ☒ Accident ☐ Undetermined ☐ Suicide ☐ Pending	☒ 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	☒ Yes ☐ Probably ☐ No ☐ Unknown

41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)	44. Injury at Work?
05/07/2013	Unknown	Residence	☐ Yes ☒ No ☐ Unk

45. Location of Injury: Number & Street: 20116 Ben Howard Road Apt No:
City or Town: Monroe County: Snohomish State: WA Zip Code + 4: 98272

46. Describe how injury occurred	47. If transportation injury, specify:
Ground level fall	☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.	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.
X [signature]	X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)	50. Hour of Death (24hrs)
Ellen Kim, 14692 – 179th Ave. SE, Suite 100, Monroe, WA 98272	0140
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	52. Date Signed (MM/DD/YYYY) 6/24/2013

53. Title of Certifier	54. License Number	55. ME/Coroner File Number	56. Was case referred to ME/Coroner?
M.D.	MD00024605	13SN2246 SCME NT	☑ Yes ☐ No

57. Registrar Signature	58. Date Received (MM/DD/YYYY)
X [signature] Mary Hollingsworth, MD, MPH	JUN 26 2013
59. Amendments	

DOH 01-003 (1/13)

Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
(360) 236-4300

Health

Affidavit for Correction

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

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) Spouse A/Husband for Marriage or Dissolution	5. Mother's Full Maiden Name (For Birth) Spouse B/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 Telephone Number:
☐ Funeral Director ☐ Other (specify)

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.

We do not accept as proof: Driver's License, Social Security card or a hospital issued decorative birth certificate.

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	

Birth Certificates

1. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
2. 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.
3. 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 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.

   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 or middle name is misspelled, two pieces of documentary proof are required.
   - To correct date or 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.
4. This affidavit cannot be used to add a father to a birth certificate. (Use the paternity acknowledgment form DOH/CHS 021)

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. Proof is required to make changes if requested by someone other than the informant listed on the certificate. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.
3. 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:

1. 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.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Gary ... MD, MPH
HEALTH OFFICER AND REGISTRAR
SNOHOMISH HEALTH DISTRICT

YY00039280