



201702230120

WHEN RECORDED RETURN TO:
John W. Campbell and Kathryn L. Campbell
1713 6th Street
Anacortes, WA. 98221

Skagit County Auditor \$35.00
2/23/2017 Page 1 of 3 4:06PM

GUARDIAN NORTHWEST TITLE CO
113185

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
State of Washington

GRANTEES:
JOHN C. CAMPBELL

ABBREVIATED LEGAL DESCRIPTION:
Lot 6 and 7, Block 159, Anacortes (Map Of The City Of), according to the Plat thereof filed in Volume 2 of Plats at Page(s) 4, records of Skagit County, Washington.

TAX PARCEL NUMBER(S):
P56015, 3772-159-007-0007

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2016-037416

DATE ISSUED: 09/19/2016

FEE NUMBER: 000000029

GIVEN NAMES: JOHN CHARLES
LAST NAME: CAMPBELL

COUNTY OF DEATH: SKAGIT
DATE OF DEATH: SEPTEMBER 12, 2016
HOUR OF DEATH: 08:45 P.M.
SEX: MALE
AGE: 27 YEARS

SOCIAL SECURITY NUMBER [REDACTED]

HISPANIC ORIGIN: NO, NOT HISPANIC
RACE: WHITE

BIRTHDATE: [REDACTED]
BIRTHPLACE: DEER LODGE, MONTANA

MARITAL STATUS: NEVER MARRIED
SPOUSE: NOT APPLICABLE

OCCUPATION: COURTESY CLERK
INDUSTRY: SUPERMARKET
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES? NO

INFORMANT: JOHN W. CAMPBELL
RELATIONSHIP: FATHER
ADDRESS: 115 - 5TH ST, ANACORTES, WA 98221

PLACE OF DEATH: EMERGENCY ROOM
FACILITY OR ADDRESS: ISLAND HOSPITAL
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

RESIDENCE STREET: 115 5TH STREET
CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221
INSIDE CITY LIMITS? YES
COUNTY: SKAGIT
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 13 YEARS

FATHER/PARENT: JOHN WALLACE CAMPBELL
MOTHER/PARENT: KATHRYN LOUISE [REDACTED]

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: NORTHWEST CREMATORY
CITY, STATE: ANACORTES, WA
DISPOSITION DATE: SEPTEMBER 22, 2016

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.
ADDRESS: 1105 32ND STREET
CITY, STATE, ZIP: ANACORTES WA 98221
FUNERAL DIRECTOR: JOSEPH J. WAHAM

- CAUSE OF DEATH:
- A. CARDIOMEGALY
INTERVAL: YEARS
 - B. MITRAL VALVE PROLAPSE SYNDROME
INTERVAL: YEARS
 - C.
INTERVAL:
 - D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

ME/CORONER: MATTHEW F. SIAS
TITLE: CORONER
ME/CORONER
ADDRESS: 116 S. 11TH ST
CITY, STATE, ZIP: MOUNT VERNON WA 98274
DATE SIGNED: SEPTEMBER 15, 2016

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

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



CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: 155-16
ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
CHERYL PETERSON
DATE RECEIVED: SEPTEMBER 15, 2016

Affidavit for Correction

State of Washington Health Statistics

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

STATE OFFICE USE ONLY

State of Washington Health Statistics

Required information must match current information on record

Required	Birth	Death	Marriage	Dissolution (Divorce)
1 Name				
2 Date				
3 Place				
4 Cause				
5 Name				
6 Date				
7 Reason				

Telephone Number

Use the section below for explaining any changes on the record. The record is incorrect or incomplete as follows:

The record shows _____ the true fact is _____

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Printed name

Required documents for

- Birth Certificate
- Death Certificate

Birth Certificates

1. The applicant's name
2. The proof(s) must include:
 - Mary Ann's
3. The name of the

Child under 18

- Parent's name
- Child's name
- Address
- Age
- Sex
- Race
- Education

For birth records

Death Certificates

1. Name
2. Date

Marriage/Dissolution/Divorce/Death record

1. Name
2. Date

CERTIFIED

SEP 19 2016

Shagit County Health Department
Howard Lebrand M.D., Health Officer

GG00095580