201706120164
Skagit County Auditor
6/12/2017 Page 1 of 3 3:47PM $35.00

WHEN RECORDED RETURN TO:
Muriel Neely
3330 Village Court
Mount Vernon, WA 98273

01-160765-SE, 01-160765-SE ✓

DOCUMENT TITLE(S):
Death Certificate

Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
FLOYD GILES SQUIRES

ABBREVIATED LEGAL DESCRIPTION:
Ptn Gov. Lot 2, 25-34-2 E W.M. (Aka Lot 4, J.T. Squires North Samish Beach Tracts (Unrecorded)).

TAX PARCEL NUMBER(S):
P46988/360225-0-029-0012

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

OFFICE USE ONLY
1. DISTRICT
2. COPIES
3. HOSPITAL
4. OCCURRENCE
5. RESIDENCE
6. TRACT
7. OCCUPATION
8.
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21. ACC LOC
22. QUERIES
23.
24.

TYPE OR PRINT in PERMANENT BLACK ink

455
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 1 21909
STATE FILE NUMBER

DECEDENT

1. NAME First	Middle	Last	2. SEX (M / F)	3. DEATH DATE (Mo. Day. Yr)
Floyd	Giles	Squires	Male	06/12/2001

4. AGE-LAST BIRTH DAY (Yrs)	5. UNDER 1 YEAR MOS / DAYS	6. UNDER 1 DAY HOURS / MINS	7. BIRTHDATE (Mo. Day. Yr)	8. BIRTHPLACE (City, State or Foreign Country)	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10. COUNTY OF DEATH
92			[redacted]	Samish Island, WA	No	Skagit

11. CITY, TOWN OR LOCATION OF DEATH	12. PLACE OF DEATH — ☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG RM/OUT PTN 4 ☒ HOSP 5 ☐ NUR HOME 6 ☐ OTHER PLACE	13. SMOKING IN LAST 15 YEARS? (Yes / No)
Mount Vernon	Skagit Valley Hospital	No

14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify)	15. SURVIVING SPOUSE (If wife, give maiden name)	16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
Married	Alice Carell Egelkrout	[redacted]		1

18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19. KIND OF BUSINESS OR INDUSTRY	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify:	21. RACE (Specify)
Farmer	Agriculture	No	White

22. RESIDENCE — NUMBER AND STREET	23. CITY/TOWN, OR LOCATION	24. INSIDE CITY LIMITS? (Yes / No)	25A. COUNTY	25B. LENGTH OF RES. IN CO	26. STATE	27. ZIP CODE
9901 - 272nd Place NW	Stanwood	Yes	Snohomish	2 years	WA	98292

28. FATHER'S NAME — FIRST, MIDDLE, LAST	29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME
James Thomas Squires	Theodosia Ernest[redacted]

30. INFORMANT — NAME	31. MAILING ADDRESS STREET OR RFD NO.	CITY OR TOWN	STATE	ZIP
Carell E. Squires	9901 - 272nd Place NW, Stanwood, WA 98292			

32. BURIAL, CREMATION REMOVAL, OTHER (Specify)	33. DATE (Mo. Day. Yr)	34. CEMETERY/CREMATORY — NAME	35. LOCATION — CITY/TOWN, STATE
Cremation	06/13/2001	Mount Vernon Cemetery	Mount Vernon, WA

36. FUNERAL DIRECTOR SIGNATURE	37. NAME OF FACILITY	38. ADDRESS OF FACILITY
X [signature]	Hulbush Funeral Home	281 S. Burlington Blvd., Burlington, WA 98233

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN	TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER
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 X [signature]	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) 06/13/2001	41. HOUR OF DEATH (24 Hrs) 1410
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	44. DATE SIGNED (Mo., Day, Yr)
	45. HOUR OF DEATH (24 Hrs.)
	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) Robert R. Jacobsen, MD, 9631 - 269th Street SW, Stanwood WA 98292	49. ME/CORONER FILE NUMBER

CAUSE OF DEATH

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death).

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

		INTERVAL BETWEEN ONSET AND DEATH
a.	Myocardial Infarction	2 days
DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH
b.	Coronary Artery Disease	
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.		

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE	52. AUTOPSY? (Yes / No)	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
	No	No

54. ACC, SUICIDE, HOM., 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	63. DATE RECEIVED (Mo., Day, Yr)
				X Dorothy Eppa, deputy	JUN 19 2001

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 6/01) (formerly OSHS 9-150)

A

DOH 01-003 (12/11)

Affidavit for Correction

Center for Health Statistics

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

STATE OFFICE USE ONLY

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

4. Father's Full Name

5. Mother's Full Maiden Name

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 foregoing is true and correct.

15. Signature | 16. Date | 17. Address

Most changes must be established by documentary proof submitted with the affidavit.

Child (under 18)

Adult (18 years or older)

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

place of birth or residence) may be changed

WW00660473