



Skagit County Auditor
7/17/2017 Page

1 of 3 3:48PM
\$35.00

WHEN RECORDED RETURN TO:
Lynda C Jones
4414 131st PINE
Marysville, WA 98271

01-163658-OE, 01-163658-OE ✓

DOCUMENT TITLE(S):
 Death Certificate
Land Title and Escrow

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
 STATE OF WASHINGTON

GRANTEE:
 JERRY ALAN HARDING

ABBREVIATED LEGAL DESCRIPTION:
 Lots 13 & 14, Blk. K, Cape Horn on the Skagit, Div. #2

TAX PARCEL NUMBER(S):
 3869-011-013-0014/P63339 and 3869-011-014-0005/P63340

UNOFFICIAL DOCUMENT

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **371** Washington State Certificate of Death State File Number

1. Legal Name (Include AKA's, if any) First Middle LAST				2. Death Date	
Jerry Alan Harding				11/03/2009	
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	5. Social Security Number	6. County of Death
M	57	Months	Hours Minutes	[REDACTED]	Kittitas
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)		9. Decedent's Education	
[REDACTED]	Richland	Wa		Master's degree	
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 (or Rte) (include Apt. No.)				13b. City or Town	
11621 Vantage Hwy				Ellensburg	
13c. Residence: County		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country	13f. Zip Code + 4
Kittitas				Wa	98926
14. Estimated length of time at residence		15. Marital Status at Time of Death		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
18 years		Married		Rietta Oosterwyk	
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)		
Superintendent			Education		
19. Father's Name (First Middle, Last, Suffix)			20. Mother's Name Before First Marriage (First Middle, Last)		
Ray A. Harding			Beverly [REDACTED]		
21. Informant's Name		22. Relationship to Decedent		23. Mailing Address: Number and Street or RFD No. City or Town State Zip	
Rietta Harding		Wife		11621 Vantage Hwy, Ellensburg, Wa 98926	
24. Place of Death, if Death Occurred in a Hospital				25. Facility Name (if not a facility, give number & street or location)	
Decedent's home				11621 Vantage Hwy, Ellensburg, Wa 98926	
26a. City, Town, or Location of Death		26b. State		27. Zip Code	
Ellensburg		Wa		98926	
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location-City/Town, and State	
Burial		Marysville Cemetery		Marysville, Wa	
31. Name and Complete Address of Funeral Facility				32. Date of Disposition	
Steward & Williams Tribute Ctr, 301 E 3rd Ave, Ellensburg, Wa 98926				11/14/2009	
33. Funeral Director Signature X					
John McClough					

Part 1 completed by Funeral Director

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Metastatic Prostate Cancer Interval between Onset & Death: 3/12/08

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. _____ Due to (or as a consequence of) _____ Interval between Onset & Death: _____

c. _____ Due to (or as a consequence of) _____ Interval between Onset & Death: _____

d. _____ Due to (or as a consequence of) _____ Interval between Onset & Death: _____

35. Other significant conditions contributing to death but not resulting in the underlying cause given above

36. Autopsy? Yes No

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

38. Manner of Death

Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death

Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death

Suicide Pending Unknown if pregnant within the past year

39. If female

40. Did tobacco use contribute to death? 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? Yes No Unk

45. Location of Injury: Number & Street City or Town County State Zip Code + 4

46. Describe how injury occurred

47. If transportation injury, specify: Driver/Operator Pedestrian Passenger Other (Specify)

48a. Certifying Physician

48b. Medical Examiner/Coroner

49. Name and address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)

Byron Haney, 107 E. Mountain View, Ellensburg, Wa 98926

50. Hour of Death (24hrs)

1645

51. Name and Title of Attending Physician (if other than Certifier) (Type or Print)

52. Date Signed (MM/DD/YYYY)

11/6/09

53. Title of Certifier

MD

54. License Number

27272 WA

55. ME/Coroner File Number

56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature

Amanda Johnson, Deputy Registrar

58. Date Received (MM/DD/YYYY)

11/10/2009

59. Amendments

UNOFFICIAL DOCUMENT

CERTIFIED
Kittitas Co. Public Health

NOV 10 2009

Mark W. Larson M.D.

Dr. Mark W. Larson, M.D.
Health Officer

SS00256409