

When Recorded Please Return To:
LAWRENCE A. PIRKLE
PO Box 1788
Mount Vernon, WA 98273
(360) 336-6587



201804240043

Skagit County Auditor \$36.00
4/24/2018 Page 1 of 3 1:10PM

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON

GRANTEE: ELMER H. GILBERT

LEGAL DESCRIPTION:

That part of the following described tract lying West of 2nd Street as the same is laid out and established in the Town of Avon.

The Southwesterly 20 feet of that portion of Government Lot 4 in Section 12, Township 34 North, Range 3 East W.M.,

Situated in Skagit County Washington

ASSESSOR PARCEL / TAX ID NUMBER: P21562 340312-0-093-0016

P21564 340312-0-041-0004

STATE OF WASHINGTON DEPARTMENT OF HEALTH

WASHINGTON STATE DEPARTMENT OF SOCIAL AND HEALTH SERVICES BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

TYPE, OR PRINT IN PERMANENT INK

10-2 LOCAL FILE NUMBER 120

STATE 3870

1. DECEASED—NAME FIRST MIDDLE LAST		2. SEX		3. DATE OF DEATH (MONTH, DAY, YEAR)	
Elmer H. Gilbert		Male		June 4, 1974	
4. RACE (SPECIFY)		5. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS)		6. DATE OF BIRTH (MONTH, DAY, YEAR)	
White		64		[REDACTED]	
7. CITY, TOWN, OR LOCATION OF DEATH		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Mount Vernon		1519 Avon St., Mount Vernon, Washington			
9. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
Kansas		married		Marie Herrle Gilbert	
12. SOCIAL SECURITY NUMBER		13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		14. KIND OF BUSINESS OR INDUSTRY	
[REDACTED]		Bull Operator		Saw Mill 4123	
15. RESIDENCE—STATE		16. COUNTY		17. CITY, TOWN, OR LOCATION	
Wash		Skagit		Mount Vernon	
18. INSIDE CITY LIMITS (SPECIFY YES OR NO)		19. STREET AND NUMBER			
no		1519 Avon St.			

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

15. FATHER—NAME (FIRST MIDDLE LAST)		16. MOTHER—MAIDEN NAME (FIRST MIDDLE LAST)	
Harry Gilbert		Anna [REDACTED]	
17. INFORMANT—NAME		18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
Mrs. Marie Gilbert		same as 14	

CAUSE

19. PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		20. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
21. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease		days	
22. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			

23. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				24. AUTOPSY (YES OR NO)		25. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH (YES OR NO)	
				no		no	
26. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		27. DATE OF INJURY (MONTH, DAY, YEAR)		28. HOUR		29. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)	
30. INJURY AT WORK (SPECIFY YES OR NO)		31. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		32. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			

CERTIFIER

33. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		34. MONTH DAY YEAR		35. MONTH DAY YEAR		36. AND LAST SAW HIM/HER ALIVE ON		37. I DID/DID NOT VIEW THE BODY AFTER DEATH.		38. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, (BUSINESS) TO THE CAUSE(S) STATED	
6 10 68		6 4 74		4 22 74						about 3:30 P.M.	
39. CERTIFICATION—CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.											
40. HOUR OF DEATH											
41. THE DECEDENT WAS PRONOUNCED DEAD											
42. MONTH DAY YEAR											
43. CERTIFIER—NAME (TYPE OR PRINT)		44. SIGNATURE				45. DEGREE		46. DATE SIGNED (MONTH, DAY, YEAR)			
M. T. MacAvelia M. D.		[Signature]				M.D.		6-6-74			
47. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE)											
107 Pine St., Mount Vernon, Washington 98273											

BURIAL

48. BURIAL, CREMATION, REMOVAL (SPECIFY)		49. CEMETERY OR CREMATORY—NAME		50. LOCATION		51. CITY OR TOWN		52. STATE			
Burial		Mount Vernon cemetery		Mount Vernon, Washington							
53. DATE (MONTH, DAY, YEAR)		54. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)									
June 7, 1974		Kern Funeral Home 1122 So. 3rd St. MtVernon, Wa 98273									
55. FUNERAL DIRECTOR—SIGNATURE				56. REGISTRAR—SIGNATURE				57. DATE RECEIVED BY LOCAL REGISTRAR			
[Signature]				[Signature]				6-10-74			

JUN 14 1974

HEA-67 (S. F. 8191) 6-71



Affidavit for Correction

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

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
Required information must match current information on record				
Record Type:	<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Marriage	<input type="checkbox"/> Dissolution (Divorce)
1. Name on Record:	2. Date of Event:		3. Place of Event:	
4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)		
6. Name of Person Requesting Correction:	Relationship to Person on Record:	<input type="checkbox"/> Self	<input type="checkbox"/> Guardian	<input type="checkbox"/> Informant
		<input type="checkbox"/> Parent(s)	<input type="checkbox"/> Funeral Director	<input type="checkbox"/> Other (specify)

7. Return Mailing Address: _____

Telephone Number: _____ Email Address: _____

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

The record now shows:	The true fact is:
8. _____	9. _____
10. _____	11. _____
12. _____	13. _____
14. _____	15. _____

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature: _____ 16b. Signature of 2nd parent (if required): _____

Printed name: _____ Date: _____ Printed name: _____ Date: _____

INSTRUCTIONS - go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match the asserted fact(s).** For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- 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 a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

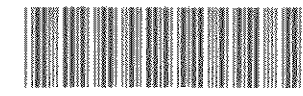
This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spica, State Registrar.

Christie Spica

ISSUED

MAR 23 2018

Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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