



**201906100178**

06/10/2019 04:00 PM Pages: 1 of 3 Fees: \$39.00  
Skagit County Auditor

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

DOCUMENT TITLE: CERTIFICATE OF DEATH

REFERENCE NUMBER:

GRANTOR: STATE OF WASHINGTON DEPARTMENT OF HEALTH

GRANTEE: PUBLIC: JOSEPH STANLEY BOWER JR. - ESTATE OF

LEGAL DESCRIPTION: SKYLINE NO 4 LOT 86

ASSESSOR PARCEL NO: 3820-000-086-0009 P 59304

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

Local File Number <b>496-05</b>		Washington State Certificate of Death		State File Number	
1. Legal Name (include AKA's if any) - First Middle LAST Suffix <b>Joseph Stanley BOWER Jr.</b>		2. Death Date <b>Jun 23, 2005</b>			
3. Sex (M/F) <b>M</b>	4a. Age - Last Birthday <b>75</b>	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number [REDACTED]	6. County of Death <b>Skagit</b>
7. Birthdate [REDACTED]		8a. Birthplace (City, Town, or County) <b>Norristown</b>		8b. (State or Foreign Country) <b>Pennsylvania</b>	
9. Decedent's Education <b>Master Degree</b>		10. Was Decedent of Hispanic Origin? (Yes or No) if yes, specify. <b>No</b>			
11. Decedent's Race(s) <b>White</b>		12. Was Decedent ever in U.S. Armed Forces? <b>Yes</b>			
13a. Residence: Number and Street (e.g., 624 SE 5th St.) (Include Apt. No.) <b>4608 Kingsway Place</b>		13b. City or Town <b>Anacortes</b>			
13c. Residence: County <b>Skagit</b>		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country <b>Washington</b>	
13f. Zip Code + 4 <b>98221</b>		13g. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence. <b>13y</b>		15. Marital Status at Time of Death <b>Married</b>		16. Surviving Spouse's Name (Give name prior to first marriage) <b>Phyllis A. De Nuccio</b>	
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED). <b>Chief Executive Officer</b>		18. Kind of Business/Industry (Do not use Company Name) <b>School Multi-media Publishing</b>			
19. Father's Name (First, Middle, Last, Suffix) <b>Joseph Stanley Bower Sr.</b>		20. Mother's Name Before First Marriage (First, Middle, Last) <b>Pearl (nmn)</b>			
21. Informant's Name <b>Phyllis A. Bower</b>		22. Relationship to Decedent <b>Wife</b>		23. Mailing Address: Number and Street or RFD No. City or Town State Zip <b>4608 Kingsway Place Anacortes WA 98221</b>	
24. Place of Death, if Death Occurred in a Hospital: <b>Residence</b>					
25. Facility Name (if not a facility, give number & street or location) <b>4608 Kingsway Place</b>					
26a. City, Town, or Location of Death <b>Anacortes</b>		26b. State <b>WA</b>		27. Zip Code <b>98221</b>	
28. Method of Disposition <b>Cremation</b>		29. Place of Final Disposition (Name of cemetery, crematory, other place) <b>Northwest Crematory</b>			
30. Location-City/Town, and State <b>Anacortes, Washington</b>		31. Name and Complete Address of Funeral Facility <b>Skagit Cremation Services, LLC, PO Box 2411, Mount Vernon, WA 98273</b>			
32. Date of Disposition <b>Jun 29, 2005</b>		33. Funeral Director Signature X <b>Leonard J. Williams</b>			
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Metastatic sarcoma in abdominal wall</b> Interval between Onset & Death <b>7 mo</b> <b>Due to (or as a consequence of):</b> <b>Sequitely 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> <b>Due to (or as a consequence of):</b> <b>Due to (or as a consequence of):</b> <b>Due to (or as a consequence of):</b>					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above					
36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk		45. Location of Injury: Number & Street: Apt. No. City or Town: County: State: Zip Code + 4:			
46. Describe how Injury occurred		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician-To be used only if physician is not a medical examiner or coroner. (Type or Print) <b>Robert Raish M.D.</b>		48b. Medical Examiner/Coroner - (Type or Print) <b>Robert Raish M.D.</b>			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) <b>Robert Raish M.D. 1415 E. Kincaid, Mount Vernon, WA 98274</b>		50. Hour of Death (24hrs) <b>11:00 AM</b>		51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (mm/dd/yyyy) <b>06/27/2005</b>		53. Title of Certifier <b>M.D.</b>			
54. License Number <b>MD00026289</b>		55. ME/Coroner File Number <b>NJA #168</b>		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature <b>Comie Anderson, Deputy</b>		58. Date Received (mm/dd/yyyy) <b>JUN 28 2005</b>			
59. Amendments					

DOH/CHS 003 Rev 2/06/2004

DOH.01-003 (5/99)



# Affidavit for Correction

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

Center for Health Statistics  
P.O. Box 9709  
Olympia, WA 98507-9709  
(360) 236-4300

## 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: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution																
1. Name on record:		2. Date of Event:	3. Place of Event: (City or County)													
4. Father's Full Name (For Birth): (Husband for Marriage or Dissolution)		5. Mother's Full Name (For Birth): (Wife for Marriage or Dissolution)														
The Record is Incorrect or Incomplete as follows:																
6. The Record now shows:		7. The True fact is:														
8.		9.														
10.		11.														
12.		13.														
14. I represent the person as: <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (Specify)				Telephone Number:												
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:													
<p>All vital records are registered as received. An item may be changed by affidavit only once. Subsequent changes must be made by court order. The incorrect certificate must be returned within <u>one year</u> of the date it was issued to receive a replacement copy free of charge.</p> <p><b>All changes must be established by documentary proof submitted with the affidavit</b></p> <p>Examples of documentary proof:</p> <table border="0"> <tr> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td>Hospital Records</td> <td>Military Record (DD-214)</td> <td>Voter's Registration Card (if it bears an effective date)</td> </tr> <tr> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>					Certificate of Naturalization	Medical Record	School Record	Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)	Insurance Records	Birth Record	Alien Registration Card (front and back)	Marriage/Divorce Records	Passport	
Certificate of Naturalization	Medical Record	School Record														
Hospital Records	Military Record (DD-214)	Voter's Registration Card (if it bears an effective date)														
Insurance Records	Birth Record	Alien Registration Card (front and back)														
Marriage/Divorce Records	Passport															
<p><b>Birth Certificates:</b></p> <ol style="list-style-type: none"> <li>Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.</li> <li>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.</li> <li>Proof must be five (or more) years old or have been established within five years of birth.</li> <li>Up to age one, the parent(s) or legal guardian may change the child's last name with an affidavit for correction, provided: <ul style="list-style-type: none"> <li>- This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.</li> <li>- The new last name may be the mother's maiden name or father's name (if present on the certificate) or any combination of the two.</li> <li>- After age one, last name changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.</li> </ul> </li> <li>Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).</li> <li><b>This affidavit cannot be used to add a father to a birth certificate. (Use the paternity affidavit - form DOH/CHS 021)</b></li> </ol>																
<p><b>Death Certificates:</b></p> <ol style="list-style-type: none"> <li>Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.</li> <li>The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.</li> <li>If it is less than sixty days from date of death please contact the county health department where the death occurred to make changes.</li> </ol>																
<p><b>Marriage/Dissolution (Divorce) Certificates:</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.</li> </ol>																

DOH/CHS 023 (Rev. 9/2002)

**\*CERTIFIED\***

JUN 29 2005

*Howard Leibrand*  
Skagit County Public Health Department  
Howard Leibrand M.D., Health Officer

MM00420090