201912310094
12/31/2019 01:24 PM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor, WA

UNOFFICIAL DOCUMENT

WHEN RECORDED RETURN TO:

Land Title and Escrow
3010 Commerical Avenue
Anacortes, WA 98221

Land Title and Escrow
02-175594-OE, 02-175594-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF WASHINGTON

GRANTEE:
JOHN G WEBBER

ABBREVIATED LEGAL DESCRIPTION:
Ptn Gov. Lot 5, 2-35-1 E W.M.

TAX PARCEL NUMBER(S):
350102-0-021-0001 P31167

LPB 01-05

201912310094

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

251
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

1 NAME First Middle Last: John G. Webber
2 SEX (M / F): Male
3 DEATH DATE (Mo Day Yr): September 19, 1996
4 AGE LAST BIRTHDAY (Yrs): 74
5 UNDER 1 YEAR MOS DAYS
6 UNDER 1 DAY HOURS MINS
7 BIRTHDATE (Mo Day Yr)
8 BIRTHPLACE (City, State or Foreign Country): Augusta, Maine
9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): YES
10 COUNTY OF DEATH: Island
11 CITY TOWN OR LOCATION OF DEATH: Coupeville
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 — Whidbey General Hospital
13 SMOKING IN LAST 15 YEARS? (Yes / No): YES
14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married
15 SURVIVING SPOUSE (if wife give maiden name): Joyce A. Kilgore
16 SOCIAL SECURITY NO:
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): 4
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Publisher
19 KIND OF BUSINESS OR INDUSTRY: Newspaper
20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: NO
21 RACE (Specify): White
22 RESIDENCE—NUMBER AND STREET: 2157 200th S.W. #34
23 CITY/TOWN OR LOCATION: Oak Harbor
24 INSIDE CITY LIMITS? (Yes / No): YES
25A COUNTY: Island
25B LENGTH OF RES IN CO: 30yrs
26 STATE: WA
27 ZIP CODE: 98277

PARENTS

28 FATHER'S NAME—FIRST MIDDLE LAST: George R. Webber
29 MOTHER'S NAME—FIRST MIDDLE MAIDEN SURNAME: Jane
30 INFORMANT—NAME: Joyce A. Webber
31 MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP: 2157 200th S.W. #34 Oak Harbor, WA 98277

DISPOSITION

32 BURIAL CREMATION REMOVAL OTHER (Specify): Cremation
33 DATE (Mo Day Yr): 09/20/96
34 CEMETERY/CREMATORY—NAME: Island Crematory
35 LOCATION—CITY/TOWN STATE: Oak Harbor, WA
36 FUNERAL DIRECTOR'S SIGNATURE: X
37 NAME OF FACILITY: Burley Funeral Chapel, Inc.
38 ADDRESS OF FACILITY: 6374 60th N.W., Oak Harbor, WA 98277

CERTIFIER

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

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 Rudolph H. Knaack MD
40 DATE SIGNED (Mo Day Yr): 9/19/96
41 HOUR OF DEATH (24 Hrs): 0230
42 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
43 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): Rudolph H. Knaack, MD, 5517 500th Ave. West, Oak Harbor, WA 98277

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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
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 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.

A. Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
DUE TO OR AS A CONSEQUENCE OF
B. Large cell carcinoma of lung, metastatic — INTERVAL BETWEEN ONSET AND DEATH:
DUE TO, OR AS A CONSEQUENCE OF
C. To skin — INTERVAL BETWEEN ONSET AND DEATH: 2 mos
DUE TO, OR AS A CONSEQUENCE OF
D. — INTERVAL BETWEEN ONSET AND DEATH:

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE
52 AUTOPSY? (Yes / No): No
53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / 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: X Barbara Cope Chief Deputy Registrar
63 DATE RECEIVED (Mo Day Yr): 09-23-96

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-006 (Rev 7/91) (formerly DSHS 9-150) DOH 01-003 (8/95)

THIS IS A CERTIFIED COPY OF THE RECORD ON FILE WITH CENTER FOR HEALTH STATISTICS. CERTIFIED COPIES MUST HAVE THE OFFICIAL SEAL.

UNOFFICIAL DOCUMENT

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY
ANY CHANGES MADE BELOW VOID THIS CERTIFICATE. A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

NUMBER OF CERTIFICATES	FILE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER

STATE OFFICE USE ONLY	STATE OFFICE USE ONLY
The record of Birth ☐ Death ☐ Marriage ☐ Dissolution ☐ with	1. STATE FILE NUMBER / for
2. NAME	3. DATE OF EVENT / 4. PLACE OF EVENT (City and County)
5. FATHER'S FULL NAME (If birth), HUSBAND (If Marriage/Dissolution)	6. MOTHER'S FULL MAIDEN NAME (If birth), WIFE (If Marriage/Dissolution)

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:
7.	8.
9.	10.
11.	12.
13.	14.

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY 15.

PHONE NUMBER:

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

BOT 110-037 (Rev. 8/95)

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. 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.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of documents of proof:

Baptismal Certificate	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record (DD-214)	(If it bears an effective date)
Insurance Records	Your Child's Birth Record	Passport

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificates

1. Only the informant, the funeral director, or executor/administrator (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

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

CERTIFIED
SEP 23 1996
R.S. Case, M.D., Health Officer
Island County Health Dept.

DD242351

UNOFFICIAL DOCUMENT