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09/02/2020 02:42 PM Pages: 1 of 3 Fees: $41.00
Skagit County Auditor, WA

LAND TITLE AND ESCROW
01-179451-S

Document Title:
Death Certificate

Reference Number :

Grantor(s): ☐ additional grantor names on page ___.

1. State of WA

2.

Grantee(s): ☐ additional grantee names on page___.

1. Larson, Mildred Bridgetta

2.

Abbreviated legal description: ☐ full legal on page(s) ___.

Lot 14, Wade Place 2nd Add.

Assessor Parcel / Tax ID Number: ☐ additional tax parcel number(s) on page ___.

4531-000-014-0012, P83910

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Local File Number 4/3-09

Washington State Certificate of Death

State File Number 9 61196

Part 1 completed by Funeral Director

1. Legal Name (Include AKA's if any) First: MILDRED Middle: BRIDGETTA LAST: LARSON Suffix:
2. Death Date: July 18, 2009
3. Sex (M/F): Female
4a. Age - Last Birthday: 56 Years
4b. Under 1 Year: Months / Days
4c. Under 1 Day: Hours / Minutes
5. Social Security Number:
6. County of Death: Skagit
7. Birthdate:
8a. Birthplace (City, Town, or County): Akron
8b. (State or Foreign Country): Ohio
9. Decedent's Education: Associates Degree
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify: No
11. Decedent's Race(s): White
12. Was Decedent ever in U.S. Armed Forces? No
13a. Residence: Number and Street (e.g. 624 SE 5th St.) (Include Apt. No.): 716 So. Wade Place
13b. City or Town: Burlington
13c. Residence: County: Skagit
13d. Tribal Reservation Name (if applicable):
13e. State or Foreign Country: Washington
13f. Zip Code + 4: 98233
13g. Inside City Limits? ☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence: 14 Years
15. Marital Status at Time of Death: Married
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage): Robert Larson
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED): Accountant
18. Kind of Business/Industry (Do not use Company Name): Self-Employed
19. Father's Name (First, Middle, Last, Suffix): Donovan Paul McAllonan I
20. Mother's Name Prior to First Marriage (First, Middle, Last): Mildred [redacted]
21. Informant's Name: Robert Larson
22. Relationship to Decedent: Husband
23. Mailing Address (Number and Street or RFD No., City or Town, State, Zip): 716 So. Wade Place Burlington, WA 98233
24. Place of Death, if Death Occurred in a Hospital: Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital:
25. Facility Name (If not a facility, give number & street or location): Skagit Valley Hospital 1415 Ea. Kincaid St.
26a. City, Town, or Location of Death: Mount Vernon
26b. State: WA
27. Zip Code: 98273
28. Method of Disposition: Cremation
29. Place of Final Disposition (Name of cemetery, crematory, other place): Cady Cremation Services, LLC
30. Location-City/Town, and State: Kent, Washington
31. Name and Complete Address of Funeral Facility: Affordable Burial & Cremation Services, LLC 17910 SR 536 Mount Vernon, WA 98273
32. Date of Disposition: July 22, 2009
33. Funeral Director Signature X [signature]

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.

		Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. ACUTE HEPATITIS	3 weeks
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	Due to (or as a consequence of): b. SEVERE EMPHYSEMA	years
	Due to (or as a consequence of): c. CHRONIC SMOKING	38 years
	Due to (or as a consequence of): d.	

35. Other significant conditions contributing to death but not resulting in the underlying cause given above: Diabetes Mellitus Pseudomembranous Colitis
36. Autopsy? ☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death? ☐ Yes ☐ No
38. Manner of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year
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: Apt No.: 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 X [signature] MD 7/20/09
48b. Medical Examiner/Coroner X
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print): Dr. David D. Shilling, M.N. LLP 712 S. Burlington Blvd. Burlington, WA 98233
50. Hour of Death (24hrs): 2240 Hours
51. Name and Title of Attending Physician if other than Certifier (Type or Print):
52. Date Signed (MM/DD/YYYY): July 20, 2009
53. Title of Certifier: Physician
54. License Number: MD00016971
55. ME/Coroner File Number: NOA370
56. Was case referred to ME/Coroner? ☒ Yes ☐ No
57. Registrar Signature X Connie Anderson, Deputy
58. Date Received (MM/DD/YYYY): JUL 21 2009
59. Amendments

DOH/CHS 003 Rev 07/09/07

DOH 01-003 (8/10)

Health

Affidavit for Correction

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

State File Number

Record Type: Birth Dissolution

1. Name

3. Place of Event

4. Father's Full Name

The record states: The true fact is:

6

8

10.

12

14. I represent the person as: Self Parent Guardian Informant Telephone Number:
Funeral Director Other

I declare under penalty of perjury ... is true and correct.

15. Signature

All vital records are legal ...
All changes must be established by documentary proof
Examples of documentary proof ...

Birth Certificates
1. Only ...
2. The ... name (i.e. Mary ...
3. ...
4. ...
   After age ... and documentary proof.
5. **Parent(s) may change** ...
6. **This affidavit cannot be used** to add a father ... certificate. Use the paternity affidavit - form DOH CHS 021)

Death Certificates
1. Only the informant ... may change the non-medical information.
2. The medical ...
3. ...

Marriage/Dissolution ...
1. Persons ...
2. To change ...

CERTIFIED

Christie Spice

CHRISTIE SPICE
STATE REGISTRAR
OF VITAL RECORDS

NOT DESTROY

UU00157014