

WHEN RECORDED RETURN TO:

**Land Title and Escrow Company
3010 Commercial Avenue
Anacortes, WA 98221**

**Land Title and Escrow
201546-LT**

DOCUMENT TITLE(S):

Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

**GRANTOR:
STATE OF WASHINGTON**

**GRANTEE:
Dolores Schaarschmidt**

**ABBREVIATED LEGAL DESCRIPTION:
Lot 1, Plat of Copper Pond P.U.D.**

**TAX PARCEL NUMBER(S):
4661-000-001-0000/P108170**

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2019-019591

DATE ISSUED: 05/02/2019

FEE NUMBER:

FIRST AND MIDDLE NAME(S): DOLORES
LAST NAME(S): SCHAARSCHMIDT

COUNTY OF DEATH: SKAGIT

DATE OF DEATH: APRIL 30, 2019

HOUR OF DEATH: 04:30 PM

SEX: FEMALE

AGE: 88 YEARS

SOCIAL SECURITY NUMBER:

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: 1

BIRTHPLACE: CLIFTON, NJ

MARITAL STATUS: MARRIED

SPOUSE: HENRY WILLY SCHAARSCHMIDT

OCCUPATION: SECRETARY

INDUSTRY: ENGINEERING/SUPPLY

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED

US ARMED FORCES: NO

INFORMANT: HENRY SCHAARSCHMIDT

RELATIONSHIP: HUSBAND

ADDRESS: 1819 ANACOPPER ROAD, ANACORTES, WA 98221

CAUSE OF DEATH:

A: CARDIOGENIC SHOCK

INTERVAL: 16 HOURS

B: ACUTE INFERIOR MYOCARDIAL INFARCTION

INTERVAL: 16 HOURS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: CEREBRAL HEMORRHAGE

DATE OF INJURY:

HOUR OF INJURY:

INJURY AT WORK:

PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:

COUNTY:

DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL

FACILITY OR ADDRESS: SKAGIT VALLEY HOSPITAL

CITY, STATE, ZIP: MT. VERNON, WASHINGTON 98274

RESIDENCE STREET: 1819 ANACOPPER ROAD

CITY, STATE, ZIP: ANACORTES, WA 98221

INSIDE CITY LIMITS: YES

COUNTY: SKAGIT

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 8 YEARS

FATHER/PARENT: WILLIAM MASTROLIA

MOTHER/PARENT:

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: NORTHWEST CREMATORY

CITY, STATE: ANACORTES, WASHINGTON

DISPOSITION DATE: MAY 03, 2019

FUNERAL FACILITY: EVANS FUNERAL CHAPEL & CREMATORY, INC.

ADDRESS: 1105 32ND STREET

CITY, STATE, ZIP: ANACORTES, WASHINGTON 98221

FUNERAL DIRECTOR: LEONARD J. WILLIAMS

MANNER OF DEATH: NATURAL

AUTOPSY: NO

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE:

CAUSE OF DEATH: NOT APPLICABLE

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: ALLEN L. JOHNSON, MD

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 1415 E. KINCAID STREET

CITY, STATE, ZIP: MOUNT VERNON, WA 98274

DATE SIGNED: MAY 01, 2019

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: NOT APPLICABLE

ATTENDING PHYSICIAN: ALLEN JOHNSON, MD

LOCAL DEPUTY REGISTRAR: ISABEL M. CARBAJAL

DATE RECEIVED: MAY 01, 2019

