



202202020076

02/02/2022 02:22 PM Pages: 1 of 2 Fees: \$40.00
Skagit County Auditor

COPY

When recorded return to:

Craig Sjostrom
1204 Cleveland Ave.
Mount Vernon, Washington 98273

Death Certificate

Grantor: Beatrice Marie Hanson

Grantee: The Public

Legal Description: ptn W ½ S ½ SE ¼ SE ¼ 35-36N-4EWM

Assessor's Property Tax Parcel or Account No.: P50748

Reference Nos of Documents Assigned or Released: N/A

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

202202020076

TYPE OR PRINT IN PERMANENT BLACK INK

34

LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1 NAME First: BEATRICE Middle: MARIE Last: HANSON				2 SEX (M / F) F				
4 AGE LAST BIRTHDAY (Yrs) 90	5 UNDER 1 YEAR MOS	6 UNDER 1 DAY DAYS HOURS MINS	7 BIRTHDATE (Mo, Day, Yr) Jul 31, 1908	8 BIRTHPLACE (City, State or Foreign Country) Stanwood, WA	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No	10 COUNTY OF DEATH Skagit		
11 CITY, TOWN OR LOCATION OF DEATH Sedro-Woolley			12 PLACE OF DEATH— <input checked="" type="checkbox"/> HOME <input type="checkbox"/> IN TRANSPORT <input type="checkbox"/> EMERG. RESCUE PTN. <input type="checkbox"/> HOSP. <input checked="" type="checkbox"/> NUR HOME <input type="checkbox"/> OTHER PLACE Skagit Valley Convalescent Center		13 SMOKING IN LAST 15 YEARS? (Yes / No) No			
14 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Widowed		15 SURVIVING SPOUSE (If wife, give maiden name) ---		16 SOCIAL SECURITY NO ---		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 8		
18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Homemaker		19 KIND OF BUSINESS OR INDUSTRY Own Home		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 White		21 RACE (Specify) White		
22 RESIDENCE—NUMBER AND STREET 2081 Gripp Rd		23 CITY/TOWN OR LOCATION Sedro-Woolley		24 INSIDE CITY LIMITS? (Yes / No) No	25A COUNTY Skagit	25B LENGTH OF RES. IN CO. 70 yr.	26 STATE WA	27 ZIP CODE 58284
28 FATHER'S NAME—FIRST, MIDDLE, LAST Unknown Bodin			29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Sarah Unknown					
30 INFORMANT—NAME Vernon Hanson			31 MAILING ADDRESS—STREET OR RFD NO CITY OR TOWN STATE ZIP 2085 Gripp Rd Sedro-Woolley, WA 58284					
32 BURIAL CREMATION REMOVAL, OTHER (Specify) Cremation		33 DATE (Mo, Day, Yr) Jan 15, 1999	34 CEMETERY/CREMATORY—NAME Mt. Vernon Crematory		35 LOCATION—CITY/TOWN STATE Mt. Vernon, WA			
36 FLUNERAL DIRECTOR'S SIGNATURE <i>Charles Sull</i>		37 NAME OF FACILITY Lemley Chapel Inc 1008 Third St		38 ADDRESS OF FACILITY Sedro-Woolley, WA 58284				
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 <i>Dean Dietrich MD</i>			40 DATE SIGNED (Mo, Day, Yr) Jan 15, 99			41 HOUR OF DEATH (24 Hrs) 1210	42 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 <i>Howard Leibrand M.D.</i>	
43 NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dean Dietrich MD 1952 Hospital Dr Sedro-Woolley, WA 58284			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 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dean Dietrich MD 1952 Hospital Dr Sedro-Woolley, WA 58284			49 ME/CORONER FILE NUMBER		50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH: IMMEDIATE CAUSE (Final disease or condition resulting in death) A. <i>Pneumonia</i> 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 B. C. D. INTERVAL BETWEEN ONSET AND DEATH <i>Autopsy</i> 51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE <i>Female leukemia</i> 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'S SIGNATURE <i>Sharon D. Beeson, Registrar</i>	63 DATE RECEIVED (Mo, Day, Yr) 1-20-99
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COPY

Date JAN 21 1999

Howard Leibrand M.D.
Health Officer

Signed *Sharon D. Beeson*
(Skagit County Deputy Registrar) OH 01-003 (5/98)