



**202501090030**

01/09/2025 10:48 AM Pages: 1 of 3 Fees: \$20.00  
Skagit County Auditor

When Recorded Please Return To:  
LAWRENCE A. PIRKLE  
P.O. Box 1788  
Mount Vernon, WA 98273

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DOCUMENT TITLE: STATE OF WASHINGTON  
CERTIFICATE OF DEATH

REFERENCE NUMBER: SKAGIT COUNTY CAUSE NO. 24-4-00029-29

GRANTOR: STATE OF WASHINGTON

GRANTEE: HENRY MATHEW CORNELIUS STONE (DECEASED)

PARCEL NUMBERS: P71818 (4076-076-002-0009)

LEGAL DESCRIPTION: D12: LOTS 1 & 2, BLOCK 76, AMENDED PLAT OF  
BURLINGTON, SKAGIT COUNTY, WASH., AS PER  
PLAT RECORDED IN VOLUME 3 OF PLATS, PAGE 17,  
RECORDS OF SKAGIT COUNTY, WASHINGTON

# STATE OF WASHINGTON DEPARTMENT OF HEALTH

641-03  
LOCAL FILE NUMBER

## CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME <b>First: Henry Middle: Mathew Cornelius Last: Stone</b>		2. SEX (M / F) <b>Male</b>	3. DEATH DATE (Mo, Day, Yr) <b>07/29/2003</b>
4. AGE LAST BIRTHDAY (Yrs) <b>72</b>	5. UNDER 1 YEAR MOS DAYS HRS MINS	7. BIRTHDATE (Mo, Day, Yr) <b>[REDACTED]</b>	8. BIRTHPLACE (City, State or Foreign Country) <b>Burlington, WA</b>
11. CITY, TOWN OR LOCATION OF DEATH <b>Mount Vernon</b>		12. PLACE OF DEATH — BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME <b>Skagit Valley Hospital</b>	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) <b>Married</b>		15. SURVIVING SPOUSE (If wife, give maiden name) <b>Donna Jean McRae</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (5-12) <b>2</b> College (1-4 or 5-6)	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) <b>Custodian</b>		19. KIND OF BUSINESS OR INDUSTRY <b>School District</b>	
20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: <b>No</b>		21. RACE (Specify) <b>White</b>	
22. RESIDENCE — NUMBER AND STREET <b>720 Orange Avenue</b>	23. CITY/TOWN OR LOCATION <b>Burlington</b>	24. INSIDE CITY LIMITS? (Yes / No) <b>Yes</b>	25. COUNTY <b>Skagit</b>
26. LENGTH OF RES. IN CO. <b>72 Years</b>	28. STATE <b>WA</b>	27. ZIP CODE <b>98233</b>	
28. FATHER'S NAME — FIRST, MIDDLE, LAST <b>Charles Edward Stone, Sr.</b>		29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME <b>Erma Eunice [REDACTED]</b>	
30. INFORMANT — NAME <b>Donna J. Stone</b>		31. MAILING ADDRESS STREET OR RFD NO. CITY OR TOWN STATE ZIP <b>720 Orange Avenue, Burlington, WA 98233</b>	
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Burial</b>	33. DATE (Mo, Day, Yr) <b>08/04/2003</b>	34. CEMETERY/CREMATORY — NAME <b>Burlington Cemetery</b>	35. LOCATION — CITY/TOWN, STATE <b>Burlington, WA</b>
36. FUNERAL DIRECTOR SIGNATURE <b>X [Signature]</b>		37. NAME OF FACILITY <b>Hulbush Funeral Home &amp; Cremation Svc.</b>	38. ADDRESS OF FACILITY <b>281 S. Burlington Blvd., Burlington, WA, 98233</b>
TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN		TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER	
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 <b>X [Signature]</b>		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 <b>X [Signature]</b>	
40. DATE SIGNED (Mo., Day, Yr.) <b>7-30-03</b>	41. HOUR OF DEATH (24 Hrs.) <b>2000</b>	44. DATE SIGNED (Mo., Day, Yr.)	45. HOUR OF DEATH (24 Hrs.)
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		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) <b>Wayne Martin MD, 1030 East Fairhaven Avenue, Burlington, WA 98233</b>		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). 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.		INTERVAL BETWEEN ONSET AND DEATH <b>2 YEARS</b>	
A. <b>METASTATIC COLON CANCER</b>		INTERVAL BETWEEN ONSET AND DEATH	
B. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
C. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
D. DUE TO, OR AS A CONSEQUENCE OF:		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE.		52. AUTOPSY? (Yes / No) <b>No</b>	53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) <b>No</b>
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) ITFM DOCUMENTARY REVIEWED BY DATE		62. REGISTRAR SIGNATURE <b>X Dorothy Epps, deputy</b>	
		63. DATE RECEIVED (Mo., Day, Yr.) <b>JUL 31 2003</b>	



DOH-01-003 (5/96)



# 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> <table border="0"> <tr> <td>Examples of documentary proof:</td> <td>Certificate of Naturalization</td> <td>Medical Record</td> <td>School Record</td> </tr> <tr> <td></td> <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></td> <td>Insurance Records</td> <td>Birth Record</td> <td>Alien Registration Card (front and back)</td> </tr> <tr> <td></td> <td>Marriage/Divorce Records</td> <td>Passport</td> <td></td> </tr> </table>				Examples of documentary proof:	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	
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<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\***

JUL 31 2003

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

KK00397723