STATE OF WASHINGTON
DEPARTMENT OF HEALTH

COMPUTER_____
RECORDED_____
COMPARED_____

OFFICE USE ONLY

TYPE OR PRINT IN PERMANENT BLACK INK

2323
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

DECEDENT

1. NAME: First: JACQUELINE Middle: DEL CARMEN Last: VAUGHAN
2. SEX (M / F): FEMALE
3. DEATH DATE (Mo. Day. Yr.): JUNE 15, 1998
4. AGE LAST BIRTHDAY (Yrs): 30
5. UNDER 1 YEAR: MOS. DAYS
6. UNDER 1 DAY: HOURS. MINS.
7. BIRTHDATE (Mo. Day. Yr.): DEC 16, 1967
8. BIRTHPLACE (City, State or Foreign Country): PANAMA
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): NO
10. COUNTY OF DEATH: PIERCE
11. CITY, TOWN OR LOCATION OF DEATH: TACOMA
12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1 [X] HOME 2 [ ] IN TRANSPORT 3 [ ] EMERG. RM/OUT PTN. 4 [ ] HOSP. 5 [ ] NUR. HOME 6 [ ] OTHER PLACE: 6486 COOPER DR. APT. "D"
13. SMOKING IN LAST 15 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): MARRIED
15. SURVIVING SPOUSE (If wife, give maiden name): CLARENCE JOHN VAUGHAN
16. SOCIAL SECURITY NO.: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): –
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: Yes Panamanian
21. RACE (Specify): White
22. RESIDENCE—NUMBER AND STREET: 4805 Diamond Blvd. S.W.
23. CITY, TOWN, OR LOCATION: Lakewood
24. INSIDE CITY LIMITS? (Yes / No): Yes
25A. COUNTY: Pierce
25B. LENGTH OF RES. IN CO.: 5 Yrs.
26. STATE: WA
27. ZIP CODE: 98499

PARENTS

28. FATHER'S NAME—FIRST, MIDDLE, LAST: Francisco Moreno
29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Graciela Mendoza
30. INFORMANT—NAME: Clarence Vaughan
31. MAILING ADDRESS—STREET OR RFD NO., CITY OR TOWN, STATE, ZIP: 4805 Diamond Blvd. S.W. Lakewood, WA 98499

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
33. DATE (Mo. Day. Yr.): June 22, 1998
34. CEMETERY/CREMATORY—NAME: Mountain View Crematory
35. LOCATION—CITY/TOWN, STATE: Tacoma, Washington
36. FUNERAL DIRECTOR SIGNATURE: X [signature]
37. NAME OF FACILITY: Mountain View Funeral Home
38. ADDRESS OF FACILITY: 4100 Steilacoom Blvd. S.W. Tacoma, Washington 98499

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 [signature] LTC MC MD
40. DATE SIGNED (Mo. Day. Yr.): June 16, 1998
41. HOUR OF DEATH (24 Hrs.): 1239 HRS
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

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. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print): GEORGE GIACOPPE, MD, LTC, MC MADIGAN ARMY MEDICAL CENTER, TACOMA, WA 98431
49. 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):
A. FAMILIAL PULMONARY FIBROSIS — INTERVAL BETWEEN ONSET AND DEATH: 8 YEARS

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.

DUE TO, OR AS A CONSEQUENCE OF:
B. — INTERVAL BETWEEN ONSET AND DEATH:

DUE TO, OR AS A CONSEQUENCE OF:
C. — INTERVAL BETWEEN ONSET AND DEATH:

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: CACHEXIA
52. AUTOPSY? (Yes / No): NO
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No): YES
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

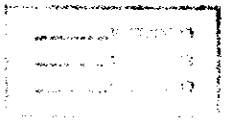
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61. RECORD AMENDMENT (Registrar Use only) ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X [signature] Deputy Only Valid in
63. DATE RECEIVED (Mo. Day. Yr.): JUN 18 1998

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)
A
DOH 01-003 (8/96)

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



Document 2005 2438

Book 2005 Page 2438 Type 06 017 Pages 2
Date 5/31/2005 Time 12:07 PM
Rec Amt $12.00

MICHELLE "MICKI" UTSLER, COUNTY RECORDER
MADISON IOWA

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	FEE 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 FORGOING IS TRUE AND CORRECT.

16. SIGNATURE	17. DATE	18. ADDRESS

DCH 110-007 (Rev. 8/96)

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. **All changes must be established by documentary proof submitted with the affidavit.**
2. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
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 first or middle name with only their signature until the child's 18th birthday.
8. **This affidavit cannot be used to add a father to a birth certificate.**

Death Certificates

1. Only the informant, the funeral director, or executors/administrators (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.

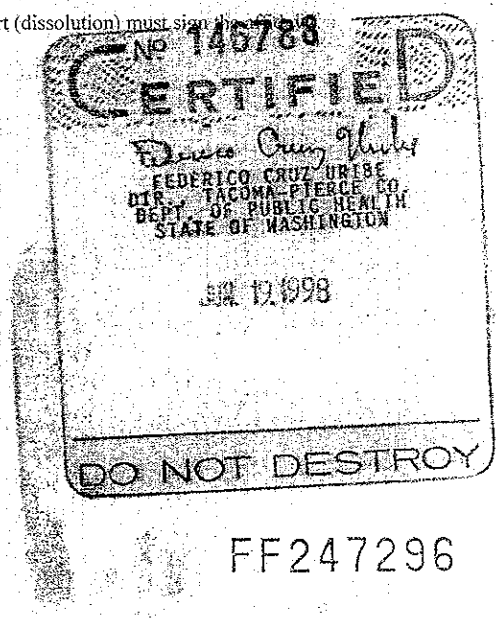
Marriage/Dissolution (Divorce) Certificates

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.



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