131987

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Return Address:
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BY Carol O'Connor
Jun 22 1 01 PM '98
AUDITOR
GARY M. OLSON

Please Print or Type Information.

Document Title(s) or transactions contained therein:
1. Death Certificate
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)
1. Danielson, Daniel Jerome
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)
1. Public, The
2
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: I.E., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Complete legal on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional numbers on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional parcel #'s on page _____ of document.

The Auditor/Recorder will rely on the information provided on this form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

TYPE OR PRINT IN PERMANENT BLACK INK

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3593
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146 4 09734
STATE FILE NUMBER

1 NAME First	Middle	Last	2 SEX (M / F)	3 DEATH DATE (Mo. Day. Yr)
DANIEL	JEROME	DANIELSON	Male	April 13, 1994

4 AGE (LAST BIRTHDAY) (Yrs)	5 UNDER 1 YEAR MOS / DAYS	6 UNDER 1 DAY HOURS / MINS	7 BIRTHDATE (Mo. Day. Yr)	8 BIRTHPLACE (City, State or Foreign Country)	9 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No)	10 COUNTY OF DEATH
58			Aug. 17, 1935	Arlington, WA.	No	King

11 CITY, TOWN OR LOCATION OF DEATH	12 PLACE OF DEATH (Check only one box) 1 ☐ HOME 2 ☐ IN TRANSPORT 3 ☐ EMERG ARRIVD IN 4 ☒ HOSP 5 ☐ NURSING HOME 6 ☐ OTHER PLACE — GIVE NAME OF FACILITY AND GIVE ADDRESS OR INSTITUTION NAME	13 SMOKING IN LAST 15 YEARS? (Yes / No)
Renton	Valley Medical Center	Yes

14 MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	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+)
Widowed		331-32-3392		2

18 USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED)	19 KIND OF BUSINESS OR INDUSTRY	20 Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify	21 RACE (Specify)
Owner/Operator	Rental Equipment	No	White

22 RESIDENCE—NUMBER AND STREET	23 CITY/TOWN OR LOCATION	24 INSIDE CITY LIMITS? (Yes / No)	25A COUNTY	25B LENGTH OF TIME IN CO	26 STATE	27 ZIP CODE
17017 Maple Valley Hwy	Renton	No	King	34 yrs	WA.	98055

28 FATHER'S NAME—FIRST, MIDDLE, LAST	29 MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME
Daniel Danielson	Hazel O'Connor

30 INFORMANT NAME	31 MAILING ADDRESS STREET OR RFD NO	CITY OR TOWN	STATE	ZIP
Hazel Brunst	5366 Ave 9	Terra Bella,	CA.	93270

32 BURIAL, CREMATION, REMOVAL, OTHER (Specify)	33 DATE (Mo. Day. Yr)	34 CEMETERY OR CREMATORY NAME	35 LOCATION—CITY/TOWN, STATE
Burial	April 18, 1994	Evergreen Memorial Park	Enumclaw, WA. 98022

36 FUNERAL DIRECTOR SIGNATURE	37 NAME OF FACILITY	38 ADDRESS OF FACILITY
X Russ Weeks	Weeks' Enumclaw Funeral Home	1810 Wells St. Enumclaw, WA. 98022

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]

40 DATE SIGNED (Mo. Day. Yr) 4/18/94

41 HOUR OF DEATH (24 hrs) 1930

42 NAME AND TITLE OF ATTENDING PHYSICIAN (If other than Certifier) (Type or Print)

43 NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print)
John Joseph 17900 Talbot Rd. S. Renton, WA. 98058

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 ME/CORONER FILE NUMBER

50 ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)	A Anoxic Brain Damage	48 hrs
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 Tracheal Stenosis — DUE TO, OR AS A CONSEQUENCE OF	1 week
	C Laryngeal Cancer — DUE TO, OR AS A CONSEQUENCE OF	Years
	D — DUE TO, OR AS A CONSEQUENCE OF	

51 OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE

52 AUTOPSY? (Yes / No)	53 WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)
Yes	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 (Flag after use only) ITEM	ORIGINATOR REFERENCE	REVIEWED BY	DATE	62 REGISTRAR SIGNATURE	63 DATE RECEIVED (Mo. Day. Yr)
				X Thomas M. Locke	APR 18 1994

DOH 01 003 (R 96)