131987

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Return Address:
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FILED FOR RECORD
SNOHOMISH CO, WASH
BY Carol O'Connor

JUN 22 1 01 PM '98
O Lowry
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 the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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LOCAL FILE NUMBER: 3593

CERTIFICATE OF DEATH

STATE FILE NUMBER: 146 4 09734

DECEDENT

1. NAME: First: DANIEL; Middle: JEROME; Last: DANIELSON
2. SEX: Male
3. DEATH DATE: April 13, 1994
4. AGE LAST BIRTHDAY (Yrs): 58
5. UNDER 1 YEAR: MOS / DAYS
6. UNDER 1 DAY: HOURS / MINS
7. BIRTH DATE: Aug. 17, 1935
8. BIRTHPLACE (City, State or Foreign Country): Arlington, WA.
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes/No): No
10. COUNTY OF DEATH: King
11. CITY, TOWN OR LOCATION OF DEATH: Renton
12. PLACE OF DEATH: 1 HOSPITAL 2 IN TRANSPORT 3 EN ROUTE 4 X NURSING HOME 5 RESIDENCE 6 OTHER PLACE — Valley Medical Center
13. SERVED IN U.S. ARMED FORCES? (Yes/No): Yes
14. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify): Widowed
15. SURVIVING SPOUSE (If wife, give maiden name):
16. SOCIAL SECURITY NO: [redacted]
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary or Secondary (0-12): ; College (1-4 or 5+): 2
18. USUAL OCCUPATION (Kind of work done during most of working life. DO NOT USE RETIRED): Owner/Operator
19. KIND OF BUSINESS/INDUSTRY: Rental Equipment
20. WAS DECEDENT OF HISPANIC ORIGIN OR DESCENT? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes/No) Specify: No
21. RACE (Specify): White
22. RESIDENCE — NUMBER AND STREET: 18017 Maple Valley Hwy
23. CITY/TOWN OR LOCATION: Renton
24. INSIDE CITY LIMITS? (Yes/No): No
25A. COUNTY: King
25B. LENGTH OF TIME IN THIS COUNTY: 34 yrs
26. STATE: WA.
27. ZIP CODE: 98055

PARENTS

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

30. INFORMANT NAME: Hazel Brunst
31. MAILING ADDRESS (Street or RFD No.), CITY OR TOWN, STATE, ZIP: 5366 Ave 9 Terra Bella, CA. 93270

DISPOSITION

32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
33. DATE (Mo. Day Yr.): April 18, 1994
34. CEMETERY OR CREMATORY, CITY, TOWN: Evergreen Memorial Park
35. LOCATION — CITY/TOWN, STATE: Enumclaw, WA. 98022
36. FUNERAL DIRECTOR SIGNATURE: X Russ Weeks
37. NAME OF FACILITY: Weeks' Enumclaw Funeral Home
38. ADDRESS OF FACILITY: 1810 Wells St. Enumclaw, WA. 98022

CERTIFICATION

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: X John T. Joseph Jr. MD
40. DATE SIGNED (Mo., Day, Yr.): 4/18/94
41. HOUR OF DEATH (24 hrs): 0930
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. TIME 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): John Joseph 17900 Talbot Rd. S. Renton, WA. 98058
49. MEDICAL EXAMINER 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. Anoxic Brain Damage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs
DUE TO, OR AS A CONSEQUENCE OF:
B. Tracheal Stenosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
DUE TO, OR AS A CONSEQUENCE OF:
C. Laryngeal Cancer — INTERVAL BETWEEN ONSET AND DEATH: 2 years
DUE TO, OR AS A CONSEQUENCE OF:
D. — INTERVAL BETWEEN ONSET AND 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.

51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:
52. AUTOPSY? (Yes/No): Yes
53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): No

INJURY

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:

REGISTRATION

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: X Thomas M. Justice
63. DATE RECEIVED (Mo., Day, Yr.): APR 1 0 1994

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