

**WHEN RECORDED RETURN TO:**

Clark County Title  
Attn: Wendy Geurin  
1400 Washington St #100  
Vancouver, WA 98660

CCT 00142959 WT

**DOCUMENT TITLE(S):**  
Death Certificate

**REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:**  
n/a

**GRANTOR:**  
1. McBride, Kenneth W.  
2.

**GRANTEE:**  
1. The Public  
2.

**TRUSTEE:**  
n/a

☐ If this box is checked, then the following applies:  
I am requesting an emergency nonstandard recording for an additional fee as provided in RCW 36.18.010. I understand that the recording processing requirements may cover up or otherwise obscure some part of the text of the original document.

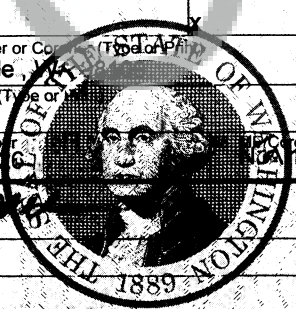
\_\_\_\_\_  
Signature

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CERTIFIED COPY OF DEATH CERTIFICATE

3664

Washington State Certificate of Death

Local File Number		State File Number			
1. Legal Name (include AKA's if any) First Middle LAST		2. Death Date			
Kenneth William McBride		4/13/2010			
3. Sex (M/F)	4a. Age - Last Birthday	4b. Under 1 Year	4c. Under 1 Day	6. County of Death	
Male	59	Months	Days	King	
7. Birthdate	8a. Birthplace (City, Town, or County)	8b. (State or Foreign Country)	9. Decedent's Education		
5/23/1950	Seattle	Washington	Master's Degree		
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify.		11. Decedent's Race(s)		12. Was Decedent ever in U.S. Armed Forces?	
No		White		No	
13a. Residence: Number and Street (e.g., 624 SE 5 <sup>th</sup> St.) (Include Apt. No.)				13b. City or Town	
1516 Magnolia Blvd W				Seattle	
13c. Residence: County	13d. Tribal Reservation Name (if applicable)	13e. State or Foreign Country	13f. Zip Code + 4	13g. Inside City Limits?	
King		WA	98199	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
14. Estimated length of time at residence.	15. Marital Status at Time of Death	16. Surviving Spouse's Name (Give name prior to first marriage)			
22 years	Married	Patricia Gail DeFreest			
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED))		18. Kind of Business/Industry (Do not use Company Name)			
Owner		Construction Company			
19. Father's Name (First, Middle, Last, Suffix)		20. Mother's Name Before First Marriage (First, Middle, Last)			
William Kenneth McBride		Jane Patricia Gillam			
21. Informant's Name	22. Relationship to Decedent	23. Mailing Address: Number and Street or RFD No. City or Town State Zip			
Patricia G. McBride	Wife	1516 Magnolia Blvd W Seattle, WA 98199			
24. Place of Death, if Death Occurred in a Hospital:		25. Facility Name (If not a facility, give number & street or location)			
Decedent's Home		1516 Magnolia Blvd W			
26a. City, Town, or Location of Death		26b. State	27. Zip Code		
Seattle		WA	98199		
28. Method of Disposition		29. Place of Final Disposition (Name of cemetery, crematory, other place)		30. Location - City/Town, and State	
Cremation		Washelli Crematory		Seattle, WA	
31. Name and Complete Address of Funeral Facility		32. Date of Disposition			
Evergreen-Washelli Funeral Homes and Cemeteries 11111 Aurora Ave. N. Seattle, WA 98133		4/22/2010			
33. Funeral Director Signature X					
<i>Karen H. Smith</i>					
Cause of Death (See instructions and examples)					
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Esophageal Cancer		Interval between Onset & Death 11 months	
Due to (or as a consequence of):				Interval between Onset & Death	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
c.				Interval between Onset & Death	
Due to (or as a consequence of):				Interval between Onset & Death	
d.				Interval between Onset & Death	
35. Other significant conditions contributing to death but not resulting in the underlying cause given above		36. Autopsy?		37. Were autopsy findings available to complete the Cause of Death?	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Manner of Death		39. If female		40. Did tobacco use contribute to death?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide		<input type="checkbox"/> Not pregnant within past year		<input type="checkbox"/> Yes <input type="checkbox"/> Probably	
<input type="checkbox"/> Accident <input type="checkbox"/> Undetermined		<input type="checkbox"/> Not pregnant, but pregnant within 42 days before death		<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Suicide <input type="checkbox"/> Pending		<input type="checkbox"/> Pregnant at time of death		<input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
<input type="checkbox"/> Unknown if pregnant within the past year					
41. Date of Injury (MM/DD/YYYY)	42. Hour of Injury (24hrs)	43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		44. Injury at Work?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
45. Location of Injury: Number & Street:		Apt No.			
City or Town:		County:		State:	
46. Describe how injury occurred		47. If transportation injury, specify:		Zip Code + 4:	
		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian			
		<input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
48a. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.		48b. Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.			
X		X			
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)		50. Hour of Death (24hrs)			
Sam Whiting 825 Eastlake Ave. E., Seattle, WA 98102		05:47			
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY)			
		4/14/10			
53. Title of Certifier	54. License Number	55. Coroner File Number		56. Was case referred to MFE/Coroner?	
MD	MD00040116	10-2206		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
57. Registrar Signature		58. Date Received (MM/DD/YYYY)			
<i>Jim Mahoney</i>		APR 20 2010			
59. Amendments					



DOH 01-003 (5/99)