

AFTER RECORDING RETURN TO:

Susan M. Musgraves
PO BOX 447
North Bonneville, WA 98639

Document Title(s): Death Certificate

Reference Number(s) of Documents assigned or released:

Grantor(s): (Last name first, then first name and initials)

Hickey, Steven David (deceased)

Grantee(s): (Last name first, then first name and initials)

The Public

Abbreviated Legal Description as follows:

Assessor's Property Tax Parcel/Account Number(s):

The County Auditor will rely on the information provided on this form. The Staff will not read the document to verify the accuracy and completeness of the indexing information provided herein.

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2017-003790

DATE ISSUED: 01/26/2017

FEE NUMBER: 0002031612

GIVEN NAMES: **STEVEN DAVID**
LAST NAME: **HICKEY**

COUNTY OF DEATH: **SKAMANIA**
DATE OF DEATH: **JANUARY 19, 2017**
HOUR OF DEATH: **06:05 P.M.**
SEX: **MALE**
AGE: **57 YEARS**

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: **NO, NOT HISPANIC**
RACE: **WHITE**

BIRTHDATE: **DECEMBER 06, 1959**
BIRTHPLACE: **KNOXVILLE, TENNESSEE**

MARITAL STATUS: **DIVORCED**
SPOUSE:

OCCUPATION: **MILLWRIGHT**
INDUSTRY: **LUMBER MILL**
EDUCATION: **SOME COLLEGE CREDIT, BUT NO DEGREE**
US ARMED FORCES? **YES**

INFORMANT: **SUSAN MUSGRAVES**
RELATIONSHIP: **SIGNIFICANT OTHER**
ADDRESS: **611 SHAHALA NORTH BONNEVILLE, WA 98639**

CAUSE OF DEATH:
A. **ESOPHAGEAL ADENOCARCINOMA**
INTERVAL: **10 MONTHS**
B.
INTERVAL:
C.
INTERVAL:
D.
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:
N/A

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK?
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:

DESCRIBE HOW INJURY OCCURRED:

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE
DATE(S): NONE

PLACE OF DEATH: **HOME**
FACILITY OR ADDRESS: **611 SHAHALA**
CITY, STATE, ZIP: **NORTH BONNEVILLE, WASHINGTON 98639**

RESIDENCE STREET: **611 SHAHALA**
CITY, STATE, ZIP: **NORTH BONNEVILLE, WASHINGTON 98639**
INSIDE CITY LIMITS? **YES**
COUNTY: **SKAMANIA**

TRIBAL RESERVATION: **NOT APPLICABLE**
LENGTH OF TIME AT RESIDENCE: **28 YEARS**

FATHER/PARENT: **JOHNNY BUFORD HICKEY**
MOTHER/PARENT: **MARY LOIS BUTLER**

METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **COLUMBIA RIVER CREMATORY**
CITY, STATE, ZIP: **WHITE SALMON, WA**
DISPOSITION DATE: **JANUARY 25, 2017**

FUNERAL FACILITY: **GARDNER FUNERAL HOME, INC**
ADDRESS: **1270 NORTH MAIN AVENUE**
CITY, STATE, ZIP: **WHITE SALMON, WA 98672**
FUNERAL DIRECTOR: **DEREK F. KRENTZ**

MANNER OF DEATH: **NATURAL**
AUTOPSY: **NO**

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? **NOT APPLICABLE**
DID TOBACCO USE CONTRIBUTE TO DEATH? **YES**
PREGNANCY STATUS, IF FEMALE: **NOT APPLICABLE**

CERTIFIER NAME: **LIZA YBALLE MD**
TITLE: **PHYSICIAN**

CERTIFIER
ADDRESS: **1601 E. FOURTH PLAIN BLVD**
CITY, STATE, ZIP: **VANCOUVER, WA 98661**
DATE SIGNED: **JANUARY 25, 2017**

CASE REFERRED TO ME/CORONER: **NO**
FILE NUMBER: **NOT APPLICABLE**

ATTENDING PHYSICIAN:
NOT APPLICABLE

LOCAL DEPUTY REGISTRAR:
AMANDA HERTEL
DATE RECEIVED: **JANUARY 25, 2017**



DOH-01-903 (10/15)



Affidavit for Correction

This is a legal document. Complete in ink and do not alter.

Mail to: Center for Health Statistics
P.O. Box 47814
Olympia, WA 98504-7814
360-236-4300

STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required	Required information must match current information on record			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First Middle Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First Middle Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First Middle Last/Maiden	
	6. Name of Person Requesting Correction: Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> Other (specify)			

7. Return Mailing Address: P.O. Box or Street Address City State Zip			
Telephone Number: ()		Email Address:	

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

16a. Signature:	16b. Signature of 2 nd parent (if required):
Printed name:	Printed name:
Date:	Date:

INSTRUCTIONS – go to www.doh.wa.gov for more information

Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Social Security Numident Report
- Certificate of Naturalization
- Hospital/medical record
- Passport
- Green/Permanent Resident card (I-551)

Birth Certificates

- Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
- The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
- Documentary proof must be five or more years old or established within five years of birth.

<p>Child under 18</p> <ul style="list-style-type: none"> • If legal guardian(s), include certified court order proving guardianship • Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)* • After age one, a court order is required to change the last name • No proof is required to change the first or middle name* • To correct parent's information, one documentary proof is required. • To correct the sex of the child, one documentary proof from a medical provider is required 	<p>Adult (18 years or older)</p> <ul style="list-style-type: none"> • Only the adult can change his or her birth certificate • If the first or middle name is missing, three pieces of documentary proof are required • If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required • To correct parent's birth date, place of birth, or name, one documentary proof is required
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*To change any part of the name of a child, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)

Death Certificates

- Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

CERTIFIED

JAN 26 2017

Christopher Spitters
Christopher Spitters, M.D.
Klickitat County Health Department

GG00065725