STATE OF WASHINGTON
DEPARTMENT OF HEALTH

63869

Vol. M98 Page 28465

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

5362
LOCAL FILE NUMBER

Washington State Department of Health

CERTIFICATE OF DEATH

146
STATE FILE NUMBER

'98 AUG -4 A9:18

1. NAME: First: KENNETH; Middle: KEITH; Last: MARQUETTE		2. SEX (M / F): Male	3. DEATH DATE (Mo. Day. Yr): May 30, 1998
4. AGE LAST BIRTHDAY (Yrs): 85	5. UNDER 1 YEAR: MOS / DAYS; 6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE (Mo. Day. Yr): 06-16-12	8. BIRTHPLACE (City, State or Foreign Country): Sargent County, N. D.
9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No): No	10. COUNTY OF DEATH: King		
11. CITY, TOWN OR LOCATION OF DEATH: Des Moines	12. PLACE OF DEATH—☒ BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME: 1. ☒ HOME, 2. ☐ IN TRANSPORT 3. ☐ EMERG. RM/OUT PTN 4. ☐ HOSP 5. ☐ NUR HOME 6. ☐ OTHER PLACE: 20820 Des Moines Memorial Drive		13. SMOKING IN LAST 12 YEARS? (Yes / No): No
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify): Married	15. SURVIVING SPOUSE (If wife, give maiden name): Dolores Bandli	16. SOCIAL SECURITY NO.: 533-16-7269	17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED): Bus Driver	19. KIND OF BUSINESS OR INDUSTRY: Transportation	20. Was Decedent of Hispanic origin or descent? (Ancestry) (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: 20820 Des Moines Mem'l DR	23. CITY/TOWN, OR LOCATION: Des Moines	24. INSIDE CITY LIMITS? (Yes / No): Yes	25A. COUNTY: King; 25B. LENGTH OF RES IN CO: 57 Yrs; 26. STATE: WA; 27. ZIP CODE: 98198
28. FATHER'S NAME—FIRST, MIDDLE, LAST: David Daniel Marquette		29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME: Cora Isensee	
30. INFORMANT—NAME: Dolores Marquette	31. MAILING ADDRESS—STREET OR RFD NO / CITY OR TOWN / STATE / ZIP: 20820 Des Moines Memorial Drive, Des Moines, WA 98198		
32. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial	33. DATE (Mo. Day. Yr): June 3, 1998	34. CEMETERY/CREMATORY—NAME: Washingon Memorial Park	35. LOCATION—CITY/TOWN, STATE: SeaTac, Washington
36. FUNERAL DIRECTOR SIGNATURE: X Larry Pillen	37. NAME OF FACILITY: Bonney-Watson Washington Memorial	38. ADDRESS OF FACILITY: 16445 Pacific Hwy South SeaTac, WA 98188	

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 Arthur DePalma MD
40. DATE SIGNED (Mo., Day, Yr): 6-1-98
41. HOUR OF DEATH (24 Hrs.): 1130
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): Arthur E. DePalma, MD, Group Health, 301 S. 320th St., Federal Way, WA 253-874-7000 98003
49. ME/CORONER FILE NUMBER: NJA1957-98

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

IMMEDIATE CAUSE (Final disease or condition resulting in 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.	A. Prostate Cancer	INTERVAL BETWEEN ONSET AND DEATH: years
	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:
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, BLDG, ETC. (Specify)	60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	

61. RECORD AMENDMENT (Registrar use only): ITEM / DOCUMENTARY EVIDENCE / REVIEWED BY / DATE
62. REGISTRAR SIGNATURE: Von Nikegawa
63. DATE RECEIVED (Mo., Day, Yr.): JUN 3 1998

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Snure Law Office the 4th day of August A.D., 19 98 at 9:18 o'clock A M., and duly recorded in Vol. M98 of Deeds on Page 28465.

FEE $10.00

Return: Snure Law Office
22513 Marine View Dr. #201
DesMoines, WA 98198-6836

Bernetha G. Letsch, County Clerk
By Dawnine Mullendore