DEPARTMENT OF HEALTH

401
LOCAL FILE NUMBER

Health

CERTIFICATE OF DEATH

146 - 401
STATE FILE NUMBER

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1. Name (First, Middle, Last): Michael J. Clark		2. Sex: Male	3. Death date: January 29, 1996
4. Age last birthday (years): 54	5. Under 1 year / 6. Under 1 day:	7. Birthdate: Sep 10,1941	8. Birthplace: Sacramento, CA
9. Was decedent ever in U.S. Armed Forces? YES	10. County of death: Pierce		
11. City, town or location of death: Tacoma	12. Place of death: Saint Clare Hospital	13. Smoking in last 15 years? YES	
14. Marital status: Married	15. Surviving spouse: Geraldine E. Herrera Gonzales	16. Social Security No: 550-54- 7859	17. Decedent's education: Elementary/Secondary 12 YRS; College 1 YR
18. Usual occupation: Grounds Maintenance	19. Kind of business or industry: Bethel School District	20. Was decedent of Hispanic origin or descent? NO	21. Race: White
22. Residence—number and street: 15405 12th Avenue East	23. City/town or location: Tacoma	24. Inside city limits? NO	25a. County: Pierce
25b. Length of res in co: 19 YRS	26. State: WA	27. Zip code: 98445	
28. Father's name: Richard M. Clark	29. Mother's name: Arline Sowles		
30. Informant—name: Geraldine E. Clark	31. Mailing address: 15405 12th Avenue East, Tacoma, Washington 98387		
32. Burial, cremation, removal, other: Cremation	33. Date: Feb.02,1996	34. Cemetery/crematory—name: Heritage Crematory	35. Location: Spanaway, Washington
36. Funeral director signature: X Gary L Moore	37. Name of facility: Fir Lane Funeral Home	38. Address of facility: 924 E.176th,Spanaway,WA,98387	

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

40. Date signed:
41. Hour of death:
42. Name and title of attending physician if other than certifier:

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 Associate Medical Examiner

44. Date signed: January 31, 1996
45. Hour of death: 1731
46. Pronounced dead: January 29, 1996
47. Hour pronounced dead: 1731

48. Name and address of certifier: Roberto B. Ramoso, M.D.Assoc.Med.Examiner, 3619 Pacific Ave.Tacoma,WA
49. ME/Coroner file number: 96-0089

50. Enter the diseases, injuries, or complications which caused the death.

Immediate cause:
a. Hypertensive and Arteriosclerotic cardiovascular disease
b. Due to, or as a consequence of:
c. Due to, or as a consequence of:
d. Due to, or as a consequence of:

51. Other significant conditions:
52. Autopsy? No
53. Was case referred to medical examiner or coroner? Yes

54. Acc., suicide, hom., undet., or pending invest.:
55. Injury date:
56. Hour of injury:
57. Describe how injury occurred:
58. Injury at work?
59. Place of injury:
60. Location:

61. Record amendment: Item / Documentary evidence / Reviewed by / Date
62. Registrar signature: Cruz Vitale M.D.
63. Date received: FEB - 1 1996

For instructions see back and handbook

DOH 01-003 (7/94)

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USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY 33482

ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:

THE RECORD NOW SHOWS:	THE TRUE FACT IS:

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY

PHONE NUMBER: _____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE	DATE	ADDRESS

All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true facts(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	

6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

Death Certificate

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

Marriage Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections
Center for Health Statistics
1112 Quince Street South
P.O. Box 9709
Olympia, WA 98507-9709

CERTIFIED

[illegible]

1-27-95

DO NOT DESTROY

CC417089

State of Oregon, County of Klamath
Recorded 8/19/99, at 10:17 a.m.
In Vol. M99 Page 33481
Linda Smith,
County Clerk Fees 15.00 KR