

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 01/29/2026
FEE NUMBER: 14

CERTIFICATE NUMBER: 2026-003910

FIRST AND MIDDLE NAME(S): SHIRLEY ANN
LAST NAME(S): COADY

COUNTY OF DEATH: GRAYS HARBOR
DATE OF DEATH: JANUARY 25, 2026
HOUR OF DEATH: 06:07 AM
SEX: FEMALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: 533-34-1907

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: FEBRUARY 12, 1937
BIRTHPLACE: HASTINGS, NEBRASKA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: HOMEMAKER
INDUSTRY: HOME/PRIVATE HOUSEHOLD
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: ROY COADY
RELATIONSHIP: SON
ADDRESS: 8 MAJESTIC VIEW LANE, ABERDEEN, WA 98520

CAUSE OF DEATH:
A: MALIGNANT NEOPLASM OF BLADDER
INTERVAL: 12 MONTHS

B:
INTERVAL:

C:
INTERVAL:

D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: NURSING HOME/LONG TERM CARE FACILITY
FACILITY OR ADDRESS: 907 K STREET
CITY, STATE, ZIP: HOQUIAM, WASHINGTON 98550

RESIDENCE STREET: 35 JOHNSON RD
CITY, STATE, ZIP: ABERDEEN, WA 98520-9646
INSIDE CITY LIMITS: NO COUNTY: GRAYS HARBOR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 10 YEARS

FATHER: DENNY WALTON COADY
MOTHER: SHIRLEY ANN COLE

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FERN HILL CREMATORY

CITY, STATE: ABERDEEN, WASHINGTON
DISPOSITION DATE: JANUARY 30, 2026

FUNERAL FACILITY: HARRISON FAMILY MORTUARY

ADDRESS: 311 W. MARKET STREET
CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520
FUNERAL DIRECTOR: ASHLEY BACLET

MANNER OF DEATH: NATURAL
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: STANLEY S. LING, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 10530 19TH AVE SE SUITE 201
CITY, STATE, ZIP: EVERETT, WASHINGTON 98208
DATE SIGNED: JANUARY 28, 2026

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

LOCAL DEPUTY REGISTRAR: GUADALUPE BOLANOS
DATE RECEIVED: JANUARY 28, 2026