

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2026-005767

DATE ISSUED: 02/09/2026

FEE NUMBER: 14

FIRST AND MIDDLE NAME(S): DAVID WILLIAM  
LAST NAME(S): BEDNARIK

COUNTY OF DEATH: GRAYS HARBOR  
DATE OF DEATH: JANUARY 30, 2026  
HOUR OF DEATH: 10:10 AM  
SEX: MALE AGE: 70 YEARS  
SOCIAL SECURITY NUMBER: 531-64-8830

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: GRAYS HARBOR COMMUNITY HOSPITAL  
CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520-1097

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

RESIDENCE STREET: 804 LAFAYETTE ST  
CITY, STATE, ZIP: ABERDEEN, WA 98520-2127  
INSIDE CITY LIMITS: YES COUNTY: GRAYS HARBOR  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 10 YEARS

BIRTH DATE: JUNE 03, 1955  
BIRTHPLACE: ABERDEEN, WASHINGTON

FATHER: GERALD BEDNARIK  
MOTHER: ELAINE HARTZOG

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

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

OCCUPATION: HEAVY EQUIPMENT OPERATOR  
INDUSTRY: CONSTRUCTION - GENERAL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: ABERDEEN, WASHINGTON  
DISPOSITION DATE: FEBRUARY 10, 2026

INFORMANT: DANA WHITE  
RELATIONSHIP: DAUGHTER  
ADDRESS: 863 MONACO DRIVE, LEMOORE, CA 93245

FUNERAL FACILITY: HARRISON FAMILY MORTUARY

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

CAUSE OF DEATH:  
A: CARDIOPULMONARY ARREST  
INTERVAL: 5 MINUTES  
B: CONGESTIVE HEART FAILURE  
INTERVAL: 12 HOURS  
C: END STAGE SYSTOLIC CONGESTIVE HEART FAILURE  
INTERVAL: 5 YEARS  
D: CORONARY ARTERY DISEASE  
INTERVAL: 12 YEARS

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

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

LOCATION OF INJURY:

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

CERTIFIER NAME: YASSINE BENIS, MD  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 915 ANDERSON DRIVE  
CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520  
DATE SIGNED: FEBRUARY 06, 2026

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: GUADALUPE BOLANOS  
DATE RECEIVED: FEBRUARY 09, 2026