

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2025-030645

DATE ISSUED: 06/20/2025
FEE NUMBER: 2715

FIRST AND MIDDLE NAME(S): NONA GAIL
LAST NAME(S): HUNT

AKA: NONA GAIL GREGORCEWICZ

COUNTY OF DEATH: PIERCE
DATE OF DEATH: JUNE 14, 2025
HOUR OF DEATH: 02:07 AM

SEX: FEMALE AGE: 80 YEARS
SOCIAL SECURITY NUMBER: 531-42-6746

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

BIRTH DATE: SEPTEMBER 02, 1944
BIRTHPLACE: ABERDEEN, WA

MARITAL STATUS: WIDOWED
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: BROKER
INDUSTRY: REAL ESTATE
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: NO

INFORMANT: BOBBI MARCY
RELATIONSHIP: DAUGHTER
ADDRESS: 14008 140TH ST E, ORTING, WA 98360

CAUSE OF DEATH:
A: ACUTE CARDIOPULMONARY ARREST
INTERVAL: 1 HOURS
B: CARDIOGENIC SHOCK
INTERVAL: 2 DAYS
C: SEPSIS
INTERVAL: 5 DAYS
D: CLOSTRIDIUM DIFFICILE COLITIS
INTERVAL: 1 WEEKS

OTHER CONDITIONS CONTRIBUTING TO DEATH: CHRONIC SYSTOLIC
CONGESTIVE HEART FAILURE

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: HOSPITAL
FACILITY OR ADDRESS: GOOD SAMARITAN HOSPITAL
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372-3851

RESIDENCE STREET: 16912 118TH AVENUE CT E
CITY, STATE, ZIP: PUYALLUP, WA 98374-9153
INSIDE CITY LIMITS: NO COUNTY: PIERCE
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 4 MONTHS

FATHER: HENRY A GREGORCEWICZ
MOTHER: VERA BELLE FINK

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: PUGET SOUND CREMATORY

CITY, STATE: PUYALLUP, WASHINGTON
DISPOSITION DATE: JUNE 20, 2025

FUNERAL FACILITY: SUMNER VOILES FUNERAL CHAPEL

ADDRESS: 15124 MAIN ST. E.
CITY, STATE, ZIP: SUMNER, WASHINGTON 98390
FUNERAL DIRECTOR: COREY L. GAFFNEY

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: SANG YOON OH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 407 14TH AVENUE SE
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372
DATE SIGNED: JUNE 16, 2025

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 251604
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: CATHERINE SIMONDS
DATE RECEIVED: JUNE 20, 2025