

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

CERTIFICATE NUMBER: 2008-009028

DATE ISSUED: 09/24/2008

FEE NUMBER: 0000002781

GIVEN NAMES: STEPHEN WILLIAM  
LAST NAME: HUNT

COUNTY OF DEATH: PIERCE  
DATE OF DEATH: SEPTEMBER 20, 2008  
HOUR OF DEATH: 04:30 A.M.  
SEX: MALE  
AGE: 59 YEARS  
SOCIAL SECURITY NUMBER: 532-50-3893

HISPANIC ORIGIN: NO, NOT HISPANIC  
RACE: WHITE

BIRTHDATE: DECEMBER 23, 1948  
BIRTHPLACE: KIRKLAND, WASHINGTON

MARITAL STATUS: MARRIED  
SPOUSE: NONA GREGOR

OCCUPATION: REAL ESTATE BROKER  
INDUSTRY: REAL ESTATE  
EDUCATION: BACHELOR'S DEGREE  
US ARMED FORCES? NO

INFORMANT: NONA HUNT  
RELATIONSHIP: WIFE  
ADDRESS: 11735 136TH AVE EAST, PUYALLUP, WASHINGTON, 98374

PLACE OF DEATH: HOSPITAL  
FACILITY OR ADDRESS: GOOD SAMARITAN HOSPITAL  
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98372

RESIDENCE STREET: 11735 136TH AVE EAST  
CITY, STATE, ZIP: PUYALLUP, WASHINGTON 98374  
INSIDE CITY LIMITS? NO  
COUNTY: PIERCE  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 5 YEARS

FATHER: WILLIAM FRANKLIN HUNT  
MOTHER: CLAUDIA FAYE ROGERS

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: FIRST CREMATION SERVICES OF WA  
CITY, STATE: KENT, WA  
DISPOSITION DATE: SEPTEMBER 22, 2008

FUNERAL FACILITY: CURNOW FUNERAL HOME AND CREMATION SERVICE  
ADDRESS: 1410 MAIN STREET  
CITY, STATE, ZIP: SUMNER WA 98390  
FUNERAL DIRECTOR: BRIAN J CURNOW

CAUSE OF DEATH:

- A. VENTRICULAR FIBRILLATION  
INTERVAL: DAYS
- B. ACUTE MYOCARDIAL INFARCTION  
INTERVAL: DAYS
- 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:

MANNER OF DEATH: NATURAL  
AUTOPSY: NO

AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH? NO  
PREGNANCY STATUS, IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: KEVIN TRICE MD  
TITLE: PHYSICIAN  
CERTIFIER  
ADDRESS: 407 14TH AVE SE  
CITY, STATE, ZIP: PUYALLUP WA 98372  
DATE SIGNED: SEPTEMBER 22, 2008

STATUS OF DECEDENT, IF A TRANSPORTATION INJURY:  
NOT APPLICABLE

ITEM(S) AMENDED: NONE

NUMBER(S): NONE  
DATE(S): NONE



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

LOCAL DEPUTY REGISTRAR:  
JEAN A YEAGER  
DATE RECEIVED: SEPTEMBER 22, 2008

DOH 01-003 (5/99)