

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2023-022414

DATE ISSUED: 06/20/2023

FEE NUMBER:

FIRST AND MIDDLE NAME(S): HUGO EUGENE

LAST NAME(S): BRODIN

COUNTY OF DEATH: THURSTON

DATE OF DEATH: APRIL 29, 2023

HOUR OF DEATH: 06:31 AM

SEX: MALE

AGE: 85 YEARS

SOCIAL SECURITY NUMBER: 539-32-2516

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: DECEMBER 07, 1937

BIRTHPLACE: KENNICOTT, AK

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: SAWMILL WORKER/ CAREGIVER

INDUSTRY: LUMBER/ CAREGIVING

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: YES

INFORMANT: JACOB DONOVAN

RELATIONSHIP: GRANDSON

ADDRESS: 6706 SUMMERSET DR SE, OLYMPIA, WA, 98513

CAUSE OF DEATH:

A: PNEUMONIA, PROBABLY ASPIRATION

INTERVAL: 10 DAYS

B: INCREASING DYSPHAGIA

INTERVAL: PRESUMED MONTHS

C: LEFT MIDDLE CEREBRAL ARTERY CEREBRAL VASCULAR ACCIDENT

INTERVAL: 3 YEARS AGO

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: APHASIC AND WHEEL CHAIR BOUND SINCE STROKE, ALZHEIMER'S DISEASE, NO SIGNIFICANT NUTRITIONAL INTAKE FOR 8 DAYS BEFORE 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: FAIRHILL CARE ADULT FAMILY HOME
CITY, STATE, ZIP: LACEY, WASHINGTON 98516

RESIDENCE STREET: 9340 FAIRHILL DR NE

CITY, STATE, ZIP: LACEY, WA 98516-7129

INSIDE CITY LIMITS: YES COUNTY: THURSTON

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 1 YEAR

FATHER: HUGO MARINIUS BRODIN

MOTHER: EDITH ELOISE LANDON

METHOD OF DISPOSITION: BURIAL

PLACE OF DISPOSITION: ST JOHN'S CEMETERY

CITY, STATE: ABERDEEN, WASHINGTON

DISPOSITION DATE: JUNE 24, 2023

FUNERAL FACILITY: FUNERAL ALTERNATIVES OF WASHINGTON - TUMWATER

ADDRESS: 455 NORTH ST SE

CITY, STATE, ZIP: TUMWATER, WASHINGTON 98501

FUNERAL DIRECTOR: REBECCA B. HARRIS

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: NO RESPONSE

CERTIFIER NAME: RICHARD LOUIS FAIOLA

TITLE: PHYSICIAN

CERTIFIER ADDRESS: 4001 HARRISON AVE NW

CITY, STATE, ZIP: OLYMPIA, WASHINGTON 98502

DATE SIGNED: MAY 05, 2023

CASE REFERRED TO ME/CORONER: NO

FILE NUMBER: 23-0967-05 NJA

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: KATIE CALLAHAN

DATE RECEIVED: MAY 08, 2023