

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 12/21/2021  
FEE NUMBER: MCCOMBS

CERTIFICATE NUMBER: 2021-064262

FIRST AND MIDDLE NAME(S): ELAINE J  
LAST NAME(S): PEREZ

AKA: JOYCE ELAINE PEREZ

AKA: ELAINE J LETOURNEAU

COUNTY OF DEATH: GRAYS HARBOR  
DATE OF DEATH: DECEMBER 06, 2021  
HOUR OF DEATH: 06:53 AM  
SEX: FEMALE AGE: 64 YEARS  
SOCIAL SECURITY NUMBER: 537-72-4450

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

RESIDENCE STREET: 2990 E HOQUIAM RD  
CITY, STATE, ZIP: HOQUIAM, WA 98550

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

INSIDE CITY LIMITS: NO COUNTY: GRAYS HARBOR  
TRIBAL RESERVATION: NOT APPLICABLE

BIRTH DATE: MARCH 15, 1957  
BIRTHPLACE: ABERDEEN, WA

FATHER: FLOYD GUNTER  
MOTHER: JOYCE DELONG

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: MCCOMB & WAGNER CREMATORY

OCCUPATION: RETAIL STOCKER  
INDUSTRY: RETAIL  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

CITY, STATE: SHELTON, WASHINGTON  
DISPOSITION DATE: DECEMBER 16, 2021

INFORMANT: CAROL BADYNSKI  
RELATIONSHIP: SISTER  
ADDRESS: 9314 CANYON RD E #63 PUYALLUP, WA 98371

FUNERAL FACILITY: MCCOMB & WAGNER FUNERAL HOME AND  
CREMATORY  
ADDRESS: 718 W RAILROAD AVE-PO BOX 179  
CITY, STATE, ZIP: SHELTON, WASHINGTON 98584  
FUNERAL DIRECTOR: RAND M. WAGNER

CAUSE OF DEATH:  
A: COMPLICATIONS OF CORONA VIRUS 19 PNEUMONIA  
INTERVAL: UNKNOWN

B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

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: UNKNOWN  
PREGNANCY STATUS IF FEMALE: NO RESPONSE

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

CERTIFIER NAME: TIMOTHY H. TROEH, M.D.  
TITLE: PHYSICIAN  
CERTIFIER ADDRESS: 1921 SUMNER AVE  
CITY, STATE, ZIP: ABERDEEN, WASHINGTON 98520  
DATE SIGNED: DECEMBER 16, 2021

LOCATION OF INJURY:

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

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: ERICA DELGADO  
DATE RECEIVED: DECEMBER 16, 2021