

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 12/30/2025  
FEE NUMBER: 14

CERTIFICATE NUMBER: 2025-063890

FIRST AND MIDDLE NAME(S): RYAN JAMES  
LAST NAME(S): ALLEN

COUNTY OF DEATH: GRAYS HARBOR  
DATE OF DEATH: DECEMBER 21, 2025  
HOUR OF DEATH: 06:00 PM  
SEX: MALE AGE: 54 YEARS  
SOCIAL SECURITY NUMBER: 533-02-8679

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

BIRTH DATE: APRIL 06, 1971  
BIRTHPLACE: ABERDEEN, WASHINGTON

MARITAL STATUS: DIVORCED  
SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: LOGGER  
INDUSTRY: LOGGING  
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED  
US ARMED FORCES: NO

INFORMANT: RONNY S ALLEN  
RELATIONSHIP: BROTHER  
ADDRESS: 835 CHANDER ROAD CHEHALIS, WA 98532

CAUSE OF DEATH:  
A: PULMONARY HYPERTENSION  
INTERVAL: 6 WEEKS  
B: PULMONARY EMBOLISM  
INTERVAL: 6 WEEKS  
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:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER  
FACILITY OR ADDRESS: 77 SPRINGFIELD ROAD  
CITY, STATE, ZIP: HOQUIAM, WASHINGTON 98550

RESIDENCE STREET: 4653 WISHKAH ROAD  
CITY, STATE, ZIP: ABERDEEN, WA 98520  
INSIDE CITY LIMITS: NO COUNTY: GRAYS HARBOR  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 20 YEARS

FATHER: KENNETH HAROLD ALLEN  
MOTHER: JENI LYNN REAMES

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

CITY, STATE: ABERDEEN, WASHINGTON  
DISPOSITION DATE: JANUARY 06, 2026

FUNERAL FACILITY: COLEMAN MORTUARY INC

ADDRESS: P O BOX 447  
CITY, STATE, ZIP: HOQUIAM, WASHINGTON 98550  
FUNERAL DIRECTOR: ROGER E. SMITH

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

CERTIFIER NAME: JOHNNY BELL, DO  
TITLE: DO  
CERTIFIER ADDRESS: 2373 OLD TOKELAND BLDG E  
CITY, STATE, ZIP: TOKELAND, WASHINGTON 98590  
DATE SIGNED: DECEMBER 30, 2025

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 2025-0799  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: LIZETTE CUEVAS VALLADOLID  
DATE RECEIVED: DECEMBER 30, 2025