

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number 350				Washington State Certificate of Death				State File Number					
1. Legal Name (Include AKA's if any) First Middle LAST Suffix Denny Walton COADY						2. Death Date July 19, 2011							
3. Sex (M/F) Male		4a. Age - Last Birthday 74		4b. Under 1 Year Months Days		4c. Under 1 Day Hours Minutes		5. Social Security Number 537-30-4888		6. County of Death Grays Harbor			
7. Birthdate Oct. 30, 1936		8a. Birthplace (City, Town, or County) Raymond		8b. (State or Foreign Country) Washington		9. Decedent's Education High School Graduate							
10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. No						11. Decedent's Race(s) White			12. Was Decedent ever in U.S. Armed Forces? Yes				
13a. Residence: Number and Street (e.g., 624 SE 5 th St.) (Include Apt. No.) 32 Coady Lane								13b. City or Town Hoquiam					
13c. Residence: County Grays Harbor		13d. Tribal Reservation Name (if applicable)		13e. State or Foreign Country Washington		13f. Zip Code + 4 98550		13g. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk					
14. Estimated length of time at residence. 17 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage) Shirley Ann Cole									
17. Usual Occupation (Indicate type of work done during most of working life. (DO NOT USE RETIRED)) Operating Engineer						18. Kind of Business/Industry (Do not use Company Name) Construction							
19. Father's Name (First, Middle, Last, Suffix) Roy Edward Coady						20. Mother's Name Before First Marriage (First, Middle, Last) Margaret Vera Coady							
21. Informant's Name Shirley A. Coady		22. Relationship to Decedent Wife		23. Mailing Address: (Number and Street or RFD No. City or Town State Zip) 32 Coady Lane, Hoquiam, WA 98550									
24. Place of Death, if Death Occurred in a Hospital:						25. Place of Death, if Death Occurred Somewhere Other than a Hospital: Decedent's Home							
25. Facility Name (If not a facility, give number & street or location) 32 Coady Lane						26a. City, Town, or Location of Death Hoquiam		26b. State WA		27. Zip Code 98550			
28. Method of Disposition Cremation		29. Place of Final Disposition (Name of cemetery, crematory, other place) Fern Hill Crematory				30. Location-City/Town, and State Aberdeen, Washington							
31. Name and Complete Address of Funeral Facility Harrison Family Mortuary, 311 W. Market, Aberdeen, WA 98520						32. Date of Disposition July 20, 2011							
33. Funeral Director Signature X <i>Colleen Brennan Harrison</i>													
Cause of Death (See Instructions and examples)													
34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Add additional lines if necessary.													
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Respiratory failure						Interval between Onset & Death					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. lung cancer						Interval between Onset & Death months					
		c. Heart						Interval between Onset & Death					
		d. Heart						Interval between Onset & Death					
35. Other significant conditions contributing to death but not resulting in the underlying cause given above congestive heart failure, diastolic dysfunction								36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		40. Did tobacco use contribute to death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown									
41. Date of Injury (MM/DD/YYYY)		42. Hour of Injury (24hrs)		43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)				44. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
45. Location of Injury: Number & Street:								Apt No.					
City or Town:				County:				State:		Zip Code + 4:			
46. Describe how injury occurred:						47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)							
48a. Certifying Physician - On the basis of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.						48b. Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner Daniel Canfield, 1020 Anderson Drive, Aberdeen, WA 98520						50. Hour of Death (24hrs) 0630							
51. Name and Title of Attending Physician if other than Certifier (Type of Physician) 7/19/11						52. Date Signed (MM/DD/YYYY)							
53. Title of Certifier DO		54. License Number 02 0000		55. Reg. File Number 346		56. Was case referred to ME/Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
57. Registrar Signature <i>[Signature]</i>						58. Date Received (MM/DD/YYYY) JUL 20 2011							
59. Amendments													

