Local File Number A-72

# Washington State Certificate of Death

State File Number

| 1. Legal Name (Include AKA's if any) First | Middle | LAST | Suffix | 2. Death Date |
|---|---|---|---|---|
| Clifford | Vern | Martens | | 1-Aug-2007 |

| 3. Sex (M/F) | 4a. Age – Last Birthday | 4b. Under 1 Year: Months / Days | 4c. Under 1 Day: Hours / Minutes | 5. Social Security Number | 6. County of Death |
|---|---|---|---|---|---|
| Male | 81 Yrs | | | 368-22-4092 | King |

| 7. Birthdate | 8a. Birthplace (City, Town, or County) | 8b. (State or Foreign Country) | 9. Decedent's Education |
|---|---|---|---|
| 3-Jun-1926 | Hastings | MI | 9th-12th Grade no diploma |

| 10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. | 11. Decedent's Race(s) | 12. Was Decedent ever in U.S. Armed Forces? |
|---|---|---|
| No | White | No |

| 13a. Residence: Number and Street (e.g., 824 SE 8th St.) (Include Apt. No.) | 13b. City or Town |
|---|---|
| 2830 "I" Street NE | Auburn |

| 13c. Residence: County | 13d. Tribal Reservation Name (If applicable) | 13e. State or Foreign Country | 13f. Zip Code + 4 | 13g. Inside City Limits? |
|---|---|---|---|---|
| King | N/A | WA | 98002 | X Yes ☐ No ☐ Unk |

| 14. Estimated length of time at residence. | 15. Marital Status at Time of Death | 16. Surviving Spouse's Name (Give name prior to first marriage) |
|---|---|---|
| unknown | Never Married | N/A |

| 17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED) | 18. Kind of Business/Industry (Do not use Company Name) |
|---|---|
| Laborer | Various |

| 19. Father's Name (First, Middle, Last, Suffix) | 20. Mother's Name Before First Marriage (First, Middle, Last) |
|---|---|
| Carl Vance Martens | Gertrude E Warner |

| 21. Informant's Name | 22. Relationship to Decedent | 23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip |
|---|---|---|
| Charles Martens | Brother | 17 Lakeview Drive Lakeview, MI 488[illegible] |

| 24. Place of Death, if Death Occurred in a Hospital: | Place of Death, if Death Occurred Somewhere Other than a Hospital: |
|---|---|
| Inpatient | N/A |

| 25. Facility Name (If not a facility, give number & street or location) | 26a. City, Town, or Location of Death | 26b. State | 27. Zip Code |
|---|---|---|---|
| Auburn Regional Medical Center | Auburn | WA | 98002 |

| 28. Method of Disposition | 29. Place of Final Disposition (Name of cemetery, crematory, other place) | 30. Location-City/Town, and State |
|---|---|---|
| Cremation | First Cremation Services | Kent, Washington |

| 31. Name and Complete Address of Funeral Facility | 32. Date of Disposition |
|---|---|
| Personal Alternative Funeral Services 749 N Central Ave, Kent, WA 98032-3051 | 6-Aug-2007 |

33. Funeral Director Signature X [signature] www.personalalternative.com

## 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.

| | | Interval between Onset & Death |
|---|---|---|
| IMMEDIATE CAUSE (Final disease or condition resulting in death) → | a. Sepsis | |
| Due to (or as a consequence of): | | |
| 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. Pneumonia | |
| Due to (or as a consequence of): | | |
| | c. Failure to Thrive | |
| Due to (or as a consequence of): | | |
| | d. | |

| 35. Other significant conditions contributing to death but not resulting in the underlying cause given above | 36. Autopsy? | 37. Were autopsy findings available to complete the Cause of Death? |
|---|---|---|
| | ☐ Yes ☒ No | ☐ Yes ☒ No |

| 38. Manner of Death | 39. If female | 40. Did tobacco use contribute to death? |
|---|---|---|
| ☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending | ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days before death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year | ☐ Yes ☐ Probably ☒ No ☐ 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? |
|---|---|---|---|
| | | | ☐ Yes ☐ No ☐ 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: ☐ Driver/Operator ☐ Pedestrian ☐ Passenger ☐ Other (Specify)

48a. **Certifying Physician** - To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) and manner stated.

X Mandava Shamsa

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.

X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print)

Mandava Shamsa MD 202 N. Division St Auburn WA 98002

50. Hour of Death (24hrs) 08[illegible]3

51. Name and Title of Attending Physician if other than Certifier (Type or Print)

52. Date Signed (MM/DD/YYYY) 8/1/2007

| 53. Title of Certifier | 54. License Number | 55. ME/Coroner File Number | 56. Was case referred to ME/Coroner? |
|---|---|---|---|
| MD | MD00047518 | | ☐ Yes ☒ No |

57. Registrar Signature

X

58. Date Received (MM/DD/YYYY)

59. Amendments

Buried Sept 1, 2007
Plat A – lot 72

DOH/CHS 003 Rev 2/06/2004