

STATE OF WASHINGTON  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF VITAL STATISTICS SECTION

CERTIFIED COPY OF DEATH CERTIFICATE

10617  
LOCAL FILE NUMBER

Washington State Department of Health  
CERTIFICATE OF DEATH

146  
STATE FILE NUMBER

1. NAME First: Takeo Middle: Isoshima Last: Isoshima				2. SEX (M / F) Male	3. DEATH DATE (Mo. Day, Yr) 11/15/95
4. AGE LAST BIRTH-DAY (Yrs) 80	5. UNDER 1 YEAR MOS	6. UNDER 1 DAY DAYS	7. BIRTH-DATE (Mo. Day, Yr) 1/30/1915	8. BIRTH-PLACE (City, State or Foreign Country) Idaho	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes
11. CITY, TOWN OR LOCATION OF DEATH Bellevue			12. PLACE OF DEATH (X) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. RM/OUT PTN 4. HOSP 5. NUR HOME 6. OTHER PLACE		10. COUNTY OF DEATH King
14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married		15. SURVIVING SPOUSE (if wife, give maiden name) Mitsuko Nakahara		16. SOCIAL SECURITY NO.	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) I
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Steam Fitter/Plumber		19. KIND OF BUSINESS OR INDUSTRY Veterans Administration		20. Was Decedent of Hispanic origin or descent? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) No	21. RACE (Specify) Japanese
22. RESIDENCE—NUMBER AND STREET		23. CITY/TOWN OR LOCATION Bellevue	24. INSIDE CITY LIMITS? (Yes / No) Yes	25A. COUNTY King	25B. LENGTH OF RES. IN CO. 38Yrs.
26. STATE WA		27. ZIP CODE 98007			
28. FATHER'S NAME—FIRST, MIDDLE, LAST Fusata Isoshima			29. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Chiyo Makio		
30. INFORMANT—NAME Mitsuko Isoshima		31. MAILING ADDRESS—STREET OR RFD NO. CITY OR TOWN STATE ZIP Bellevue WA 98007			
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) 11/17/95	34. CEMETERY/CREMATORY—NAME Butterworth's Crematory		35. LOCATION—CITY/TOWN, STATE Seattle, WA
36. FUNERAL DIRECTOR SIGNATURE <i>Donald G Miller</i>		37. NAME OF FACILITY Butterworth Manning Ashmore		38. ADDRESS OF FACILITY 300 E. Pine Seattle, WA 98122	
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X <i>Donald G Miller MD</i>			43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE X		
40. DATE SIGNED (Mo., Day, Yr) 11-16-95		41. HOUR OF DEATH (24 Hrs.) 1525		44. DATE SIGNED (Mo., Day, Yr)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Don Miller 200 15th Ave. E. Seattle, Wa 98112		46. PRONOUNCED DEAD (Mo., Day, Yr)		47. HOUR PRONOUNCED DEAD (24 Hrs.)	
48. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Don Miller 200 15th Ave. E. Seattle, Wa 98112		49. ME/CORONER FILE NUMBER A3781-95			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
		C. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
		D. DUE TO, OR AS A CONSEQUENCE OF: [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH	
51. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH IF NOT DESCRIBED IN THE UNDERLYING CAUSE GIVEN ABOVE		52. AUTOPSY? (Yes / No) No		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes	
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		55. INJURY DATE (Mo. Day, Yr)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED:	
58. INJURY AT WORK? (Yes / No)		59. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		60. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE	
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE		62. STRAP (Seal)		63. DATE RECEIVED (Mo., Day, Yr.) NOV 17 1995	

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (formerly DSHS 9-150)

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DOH 01-003 (7/94)

# USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

**ANY CHANGES MADE BELOW VOID THIS CERTIFICATE, A NEW CERTIFICATE MUST BE ISSUED TO VALIDATE CHANGES.**

THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:	
THE RECORD NOW SHOWS:	THE TRUE FACT IS:

I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

SIGNATURE	DATE	ADDRESS
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All vital records are registered as received. Changes must be made by affidavit. An item may be changed by affidavit only once. Subsequent changes must be made by court order.

### Birth Certificates

1. Only a parent, legal guardian or the adult (18 or older) may change the birth certificate.
2. All changes must be established by documentary proof submitted with the affidavit.
3. The proof(s) must match exactly the asserted true fact(s). For example, if the affidavit says the name is Mary Ann Doe, then the proof must show the name to be Mary Ann Doe. Mary A. Doe or M.A. Doe does not prove the name is Mary Ann Doe.
4. The proof(s) for names must be five (or more) years old, while proof(s) for dates, places, or ages must have been established within five years of birth.
5. Examples of acceptable documents of proof:
 

Baptismal Certificate	Marriage Record	School Record
U.S. Census Record	Medical Record	Voter's Registration Card
Hospital Records	Military Record	(if it bears an effective date)
Insurance Records	Your Child's Birth Record	
6. Surname changes require a certified copy of a court ordered name change, except that minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's given name with only their signature until the child's 18th birthday.

### Death Certificate

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information.
2. The medical information (cause of death) may be changed only by the attending physician or the coroner/medical examiner.
3. Routine changes will normally be made only during the first year after death. Other changes will be made only for legally important reasons (property, inheritance, etc.) and must be approved by the State Registrar.

### Marriage/Dissolution (Divorce) Certificates

1. Personal fact (minor spelling changes in name, date or place of birth or residence) may be changed by affidavit plus proof by the person. See description of proofs in births above.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must sign the affidavit.

Please send the proof(s) and this form/certificate to:

Attn: Corrections  
**Center for Health Statistics**  
 1112 Quince Street South  
 P.O. Box 9709  
 Olympia, WA 98507-9709



CC488636