

STATE OF WASHINGTON
PUBLIC HEALTH - SEATTLE & KING COUNTY
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

10546
LOCAL FILE NUMBER



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME First Middle Last MITSUKO ISOSHIMA			2. SEX (M / F) F		3. DEATH DATE (Mo, Day, Yr) OCTOBER 24, 2001		
4. AGE LAST BIRTH-DAY (Yrs) 83		5. UNDER 1 YEAR MOS DAYS HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) DEC 20, 1917		8. BIRTHPLACE (City, State or Foreign Country) SEATTLE, WA		
11. CITY, TOWN OR LOCATION OF DEATH BELLEVUE			12. PLACE OF DEATH — <input checked="" type="checkbox"/> BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. <input type="checkbox"/> HOME 2. <input type="checkbox"/> IN TRANSPORT 3. <input type="checkbox"/> EMERG. RM/OUT PTN 4. <input type="checkbox"/> HOSP. 5. <input checked="" type="checkbox"/> NUR HOME 6. <input type="checkbox"/> OTHER PLACE KELSEY CREEK NURSING HOME/ HOSPICE			13. COUNTY OF DEATH KING	
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) WIDOW		15. SURVIVING SPOUSE (If wife, give maiden name)		16. SOCIAL SECURITY NO.		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2	
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) HOMEMAKER		19. KIND OF BUSINESS OR INDUSTRY OWN HOME		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify: 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. 75 YRS	26. STATE WA
							27. ZIP CODE 98007
28. FATHER'S NAME — FIRST, MIDDLE, LAST SHOHEI NAKAHARA				29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME YOSHIKO NAKATO			
30. INFORMANT — NAME ELAINE SHIMONO (DAUGHTER)			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) OCT 26, 2001	34. CEMETERY/CREMATORY — NAME SUNSET CREMATORY			35. LOCATION — CITY/TOWN, STATE BELLEVUE, WA	
36. FUNERAL DIRECTOR SIGNATURE <i>X</i>		37. NAME OF FACILITY GREEN FUNERAL HOME 1215 145TH PL SE BELLEVUE, WA 98007			38. ADDRESS OF FACILITY		
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 <i>X</i> <i>Marvin Fredrickson 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 <i>X</i>			
40. DATE SIGNED (Mo, Day, Yr) Oct-25, 2001		41. HOUR OF DEATH (24 Hrs) 0016		44. DATE SIGNED (Mo, Day, Yr)		45. HOUR OF DEATH (24 Hrs)	
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)				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) MARVIN FREDRICKSON, MD 2210 132ND AVE SE BELLEVUE, WA 98005				49. ME/CORONER FILE NUMBER			
50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:							
IMMEDIATE CAUSE (Final disease or condition resulting in 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.		A. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH		
		B. [REDACTED] DUE TO, SEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH		
		C. [REDACTED] DUE TO, OR AS A CONSEQUENCE OF:			INTERVAL BETWEEN ONSET AND DEATH		
		D. [REDACTED]			INTERVAL BETWEEN ONSET AND DEATH		
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE: None				52. AUTOPSY? (Yes / No)		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No)	
54. ACC. SUICIDE, HOM. UNDET., OR PENDING INVEST. (Specify) No		55. INJURY DATE (Mo, Day, Yr)	56. HOUR OF INJURY (24 Hrs)	57. DESCRIBE HOW INJURY OCCURRED:			
58. INJURY AT WORK? (Yes / No) 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. REGISTRAR SIGNATURE <i>X</i> <i>Jan Nakagawa</i>			63. DATE RECEIVED (Mo, Day, Yr) 10/26/01	

AFFIDAVIT FOR CORRECTION

USE BELOW FOR REQUESTING OFFICIAL CHANGES ONLY

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

NUMBER OF CERTIFICATES	FEE NUMBER	INITIALS	DATE	AFFIDAVIT NUMBER
STATE OFFICE USE ONLY			STATE OFFICE USE ONLY	
The record of Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Death <input type="checkbox"/> Dissolution <input type="checkbox"/> with		1. STATE FILE NUMBER		for
2. NAME		3. DATE OF EVENT	4. PLACE OF EVENT (City and County)	
5. FATHER'S FULL NAME (If Birth), HUSBAND (If Marriage/Dissolution)		6. MOTHER'S FULL MAIDEN NAME (If Birth), WIFE (If Marriage/Dissolution)		
THE RECORD IS INCORRECT OR INCOMPLETE AS FOLLOWS:				
THE RECORD NOW SHOWS:		THE TRUE FACT IS:		
7.		8.		
9.		10.		
11.		12.		
13.		14.		
I REPRESENT THE PERSON AS (E.G. SELF, PARENT, GUARDIAN, ETC.) SPECIFY				15.
PHONE NUMBER: _____				
I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.				
16. SIGNATURE		17. DATE	18. ADDRESS	

DCH 110-007 (Rev. 3/99)

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. This certificate must be returned within one year of the date it was issued to receive a replacement copy free of charge.

Birth Certificates

1. All changes must be established by documentary proof submitted with the affidavit.
2. Only a parent, legal guardian (if the child is under 18), or the adult themselves (if 18 or older) may change the birth certificate.
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. Proof must be five (or more) years old or established within five years of birth.
5. Examples of documents of proof:

Certificate of Naturalization	Marriage Record	School Record
Census Record	Medical Record	Voter's Registration Card (if it bears an effective date)
Hospital Records	Military Record (DD-214)	Alien Registration Card (front and back)
Insurance Records	Your Child's Birth Record	Passport
6. **Up to age one, the parent(s) or legal guardian may change the child's surname with an affidavit for correction provided:**
 - This is a one time only change. Subsequent changes will require a certified copy of a court ordered name change.
 - The new surname may be the mother's maiden name or father's surname (if present on the certificate) or a combination of the two.
 - After age one, surname changes require a certified copy of a court ordered name change. Minor spelling changes may be made with an affidavit and documentary proof.
7. Parent(s) may change their child's first or middle name by completing and signing an affidavit for correction (until their child's 18th birthday).
8. **This affidavit cannot be used to add a father to a birth certificate.** (use the paternity affidavit - form DOH 110-001)

Death Certificates

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.

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. A person's own birth certificate is also acceptable proof.
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

**This is a legal document.
 Complete in ink and do not alter.**



II00210877