

# Unofficial Death Record Abstract

This is an unofficial copy and has no legal validity.

Local File Number:		Case ID: [REDACTED]		Date Filed:		Certificate:	
Legal Name First Name		Middle Name		Last Name		Suffix	Death Date
AKA		Sex <b>Female</b>	Age	Social Security Number		County of Death <b>King</b>	
Birth Date	Birthplace (City, Town, or County, State or Foreign Country)			Decedent's Education			
Was decedent of Hispanic origin?			Decedent's Race(s)			Ever in Armed Forces? <b>No Response</b>	
Residence Number and Street, City or Town, State, Zip code <b>Washington</b>			Residence County	Inside City Limits?	Residence Country <b>UNITED STATES</b>		
Estimated time at residence	Tribal Reservation Name		Marital status at death		Surviving Spouse Name		
Usual Occupation			Kind of Business or Industry				
Father's Name			Mother's Name				
Informant's Name		Relationship to Decedent		Informant Address			
Place of Death, if Death occurred in a Hospital <b>Inpatient</b>			Place of Death, if Death occurred somewhere other than in a Hospital				
Facility Name (if not a facility, give number & street)			City, Town <b>BELLEVUE</b>		State <b>WA</b>	Zip Code <b>98004</b>	
Method of Disposition		Place of Disposition		Place of Disposition (City, State) <b>WA</b>			
Name and Complete Address of Funeral Facility <b>Barton Family Funeral Service , 11630 Slater Ave NE Ste 1A, Kirkland, WA 98034</b>						Date of Disposition <b>/ /2020</b>	
<b>Cause of Death</b>							
A. Acute respiratory failure						Interval between Onset & Death <b>unknown - 04/24/2020</b>	
B. Pulmonary artery thrombus						Interval between Onset & Death <b>unknown - 04/24/2020</b>	
C.						Interval between Onset & Death	
D.						Interval between Onset & Death	
Other Significant Condition contributing to death					Autopsy? <b>Unknown</b>	Autopsy findings available to complete Cause of Death?	
Manner of Death <b>Natural</b>		If female, Pregnancy Status			Did tobacco use contribute to death? <b>No</b>		
Injury Date	Hour of Injury	Place of Injury			Injury at Work?	Transportation Injury	
Location of Injury:							
Injury Description:							
Certifying Physician:			Medical Examiner/Coroner:			ME/Coroner File Number:	
Certifier Address:						Hour of Death (24 hrs): <b>1300</b>	
Certifier Title		Certifier Class <b>Medical Physician</b>		Date Certified		Referred to ME/Coroner? <b>No</b>	

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