STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

Washington State Certificate of Death

Local File Number: 8174

State File Number:

Field	Entry
1. Legal Name (Include AKA's if any) First / Middle / LAST / Suffix	Terrell / Leslie / ROGERS / Sr
2. Death Date	August 27, 2010
3. Sex (M/F)	Male
4a. Age – Last Birthday	81
4b. Under 1 Year (Months / Days)	
4c. Under 1 Day (Hours / Minutes)	
5. Social Security Number	559-36-2770
6. County of Death	King
7. Birthdate	October 5, 1928
8a. Birthplace (City, Town, or County)	Bokoshe
8b. (State or Foreign Country)	Oklahoma
9. Decedent's Education	11th Grade
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 5th St.) (Include Apt. No.)	717 3rd Ave S
13b. City or Town	Kent
13c. Residence: County	King
13d. Tribal Reservation Name (if applicable)	
13e. State or Foreign Country	Washington
13f. Zip Code + 4	98032
13g. Inside City Limits?	☒ Yes ☐ No ☐ Unk
14. Estimated length of time at residence	38 years
15. Marital Status at Time of Death	Widowed
16. Surviving Spouse's or Domestic Partner's Name (Give name prior to first marriage)	
17. Usual Occupation (Indicate type of work done during most of working life. DO NOT USE RETIRED)	Machinist
18. Kind of Business/Industry (Do not use Company Name)	Aerospace
19. Father's Name (First, Middle, Last, Suffix)	Andrew Ezra Rogers
20. Mother's Name Before First Marriage (First, Middle, Last)	Serintha Arzella West
21. Informant's Name	Joellen Johnson
22. Relationship to Decedent	Daughter
23. Mailing Address: Number and Street or RFD No. / City or Town / State / Zip	731 3rd Ave S / Kent / WA / 98032
24. Place of Death, if Death Occurred in a Hospital	Inpatient
Place of Death, if Death Occurred Somewhere Other than a Hospital	
25. Facility Name (If not a facility, give number & street or location)	Valley Medical Center
26a. City, Town, or Location of Death	Renton
26b. State	WA
27. Zip Code	98055
28. Method of Disposition	Burial
29. Place of Final Disposition (Name of cemetery, crematory, other place)	Hillcrest Burial Park
30. Location-City/Town, and State	Kent, WA
31. Name and Complete Address of Funeral Facility	Marlatt Funeral Home 713 Central Ave. N. Kent, WA 98032
32. Date of Disposition	September 1, 2010
33. Funeral Director Signature X	[signature]

Part 1 completed by Funeral Director

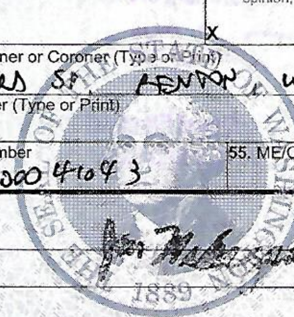
Cause of Death (See instructions and examples)

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.

	Cause	Interval between Onset & Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a.	ACUTE RESPIRATORY FAILURE	HOURS
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. Due to (or as a consequence of):	EXTENSIVE STAGE SMALL CELL LUNG CANCER	
c. Due to (or as a consequence of):		
d. Due to (or as a consequence of):		

Field	Entry
35. Other significant conditions contributing to death but not resulting in the underlying cause given above	COPD, DELIRIUM, CAD
36. Autopsy?	☐ Yes ☒ No
37. Were autopsy findings available to complete the Cause of Death?	☐ Yes ☐ No
38. Manner of Death	☒ Natural ☐ Homicide ☐ Accident ☐ Undetermined ☐ Suicide ☐ Pending
39. If female	☐ 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
40. Did tobacco use contribute to death?	☒ 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	[signature]
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)	MICHAEL MENA 400 S. 43RD ST RENTON WA 98055
50. Hour of Death (24hrs)	1555
51. Name and Title of Attending Physician if other than Certifier (Type or Print)	
52. Date Signed (MM/DD/YYYY)	08/27/2010
53. Title of Certifier	MD
54. License Number	MD 00040473
55. ME/Coroner File Number	
56. Was case referred to ME/Coroner?	☐ Yes ☒ No
57. Registrar Signature X	[signature]
58. Date Received (MM/DD/YYYY)	AUG 30 2010
59. Amendments	

Part 2 completed by Certifier



DOH 01-003 (5/99)

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