

STATE OF WASHINGTON DEPARTMENT OF HEALTH

Local File Number **395** Washington State Certificate of Death State File Number

1. Legal Name (include AKA's if any): First Middle LAST Suffix Virginia Louise ROGERS				2. Death Date June 3, 2008	
3. Sex (M/F) Female	4a. Age - Last Birthday 78	4b. Under 1 Year Months Days	4c. Under 1 Day Hours Minutes	5. Social Security Number 548-34-8601	6. County of Death Pierce
7. Birthdate April 29, 1930		8a. Birthplace (City, Town, or County) Osceola		8b. (State or Foreign Country) Arkansas	
9. Decedent's Education 10th 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? No		
13a. Residence: Number and Street (e.g. 624 SE 5 th 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk			
14. Estimated length of time at residence: 48 years		15. Marital Status at Time of Death Married		16. Surviving Spouse's Name (Give name prior to first marriage) Terrell Rogers	
17. Usual Occupation (Indicate type of work done during most of working life (DO NOT USE RETIRED)) Homemaker			18. Kind of Business/Industry (Do not use Company Name)		
19. Father's Name (First, Middle, Last, Suffix) Elbert McGuire			20. Mother's Name Before First Marriage (First, Middle, Last) Ada Morgan		
21. Informant's Name Terrell Rogers		22. Relationship to Decedent Husband		23. Mailing Address: Number and Street or RFD No City or Town State Zip 717 3rd Ave S Kent WA 98032	
24. Place of Death, if Death Occurred in a Hospital			24. Place of Death, if Death Occurred Somewhere Other than a Hospital Hospice		
25. Facility Name (if not a facility, give number & street or location) Franciscan Hospice			26a. City, Town, or Location of Death University Place		26b. State WA
27. Zip Code 98466		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 June 5, 2008			33. Funeral Director Signature X <i>Deborah A. Steberg</i>		

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Colon Cancer	Interval between Onset & Death 1 month
Due to (or as a consequence of)	Interval between Onset & Death
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	Interval between Onset & Death
Due to (or as a consequence of)	Interval between Onset & Death
Due to (or as a consequence of)	Interval between Onset & Death
Due to (or as a consequence of)	Interval between Onset & Death

35. Other significant conditions contributing to death but not resulting in the underlying cause given above COVID		36. Autopsy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	37. Were autopsy findings available to complete the Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
38. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined <input type="checkbox"/> Suicide <input type="checkbox"/> Pending		39. If female <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
40. Did tobacco use contribute to death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
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. Location of Injury. Number & Street. City or Town. County. State. Zip Code + 4. Apt No.		45. Describe how injury occurred	
46. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		47. If transportation injury, specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	

48a. Certifying Physician Marilyn Pattison MD		48b. Medical Examiner/Coroner X	
49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) Marilyn Pattison, M.D. 2901 Bridgeport Way W University Place, WA 98466		50. Hour of Death (24hrs) 0615	
51. Name and Title of Attending Physician if other than Certifier (Type or Print)		52. Date Signed (MM/DD/YYYY) 06/04/2008	
53. Title of Certifier MD	54. License Number 26454	55. ME/Coroner File Number	56. Was case referred to ME/Coroner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
57. Registrar Signature <i>Deborah A. Steberg</i>		58. Date Received (MM/DD/YYYY) 6/5/2008	
59. Amendments			

