

OFFICE
USE
ONLY

TYPE OR PRINT IN PERMANENT BLACK INK



CERTIFICATE OF DEATH

146

STATE FILE NUMBER

2500

LOCAL FILE NUMBER

8 36460

1. NAME First Middle Last JODI LYNN DEPAOLI			2. SEX (M / F) F		3. DEATH DATE (Mo. Day, Yr) Found: January 1, 1988							
4. AGE LAST BIRTHDAY (Yrs) 16		5. UNDER 1 YEAR MOS DAYS		6. UNDER 1 DAY HOURS MINS		7. BIRTHDATE (Mo. Day, Yr) Jan 13, 1970	8. BIRTHPLACE (City, State or Foreign Country) Seattle	9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) No		10. PLACE OF DEATH Snohomish		
11. CITY, TOWN OR LOCATION OF DEATH Bothell				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 RMOUT PTN 4. <input type="checkbox"/> HOSP. 5. <input type="checkbox"/> NUR HOME 6. <input checked="" type="checkbox"/> OTHER PLACE Found: 228th Street and 4th Avenue West				13. SMOKING IN LAST 15 YEARS? (Yes / No) Unknown				
14. MARITAL STATUS — Married, Never married, Widowed, Divorced (Specify) Never married			15. SURVIVING SPOUSE (If wife, give maiden name)			16. SOCIAL SECURITY NO Unknown		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Elementary				
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Unemployed			19. KIND OF BUSINESS OR INDUSTRY NA			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) White			
22. RESIDENCE — NUMBER AND STREET Unknown			23. CITY/TOWN, OR LOCATION Unknown		24. INSIDE CITY LIMITS? (Yes / No)		25A. COUNTY Snohomish		25B. LENGTH OF RES. IN CO U		26. STATE WA	27. ZIP CODE Unknown
28. FATHER'S NAME — FIRST, MIDDLE, LAST William Henry DePaoli						29. MOTHER'S NAME — FIRST, MIDDLE, MAIDEN SURNAME Judith Murdoch						
30. INFORMANT — NAME William Henry DePaoli				31. MAILING ADDRESS STREET OR RFD NO CITY OR TOWN STATE ZIP 6648 East Green Lake Way No. Seattle, WA 98103								
32. BURIAL, CREMATION REMOVAL, OTHER (Specify) Cremation		33. DATE (Mo. Day, Yr) Jan 2 2007		34. CEMETERY/CREMATORY — NAME First Cremation Services				35. LOCATION — CITY/TOWN, STATE Kent, Washington				
36. FUNERAL DIRECTOR SIGNATURE <i>Jack A. Lang</i>				37. NAME OF FACILITY Hoffner Fisher & Harvey				38. ADDRESS OF FACILITY 98103 508 No. 36th St, Seattle, WA				
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 <input checked="" type="checkbox"/> X						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>Norman Thiersch M.D.</i> <input checked="" type="checkbox"/> X						
40. DATE SIGNED (Mo., Day, Yr)			41. HOUR OF DEATH (24 Hrs)			44. DATE SIGNED (Mo., Day, Yr) December 28, 2006			45. HOUR OF DEATH (24 Hrs) Unknown			
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)						46. PRONOUNCED DEAD (Mo., Day, Yr) January 1, 1988			47. HOUR PRONOUNCED DEAD (24 Hrs) 2055			
48. NAME AND ADDRESS OF CERTIFIER — PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Norman Thiersch, M.D., 9509 29th Avenue W., Everett, Washington 98204						49. MEDICORNER FILE NUMBER SCME 880006						
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. Blunt Impact to head DUE TO, OR AS A CONSEQUENCE OF:												
B. DUE TO, OR AS A CONSEQUENCE OF:												
C. DUE TO, OR AS A CONSEQUENCE OF:												
D. DUE TO, OR AS A CONSEQUENCE OF:												
51. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVE ABOVE:								52. AUTOPSY? (Yes / No) Yes		53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) Yes		
54. ACC. SUICIDE, HOM., UNDET., OR PENDING INVEST (Specify) Homicide		55. INJURY DATE (Mo. Day, Yr) Unknown		56. HOUR OF INJURY (24 Hrs) Unknown		57. DESCRIBE HOW INJURY OCCURRED Homicidal Violence						
58. INJURY AT WORK? (Yes / No) No		59. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify) Woods				60. LOCATION — STREET OR RFD NO., CITY/TOWN, STATE Found: 228th and 4th Avenue West, Bothell						
61. RECORD AMENDMENT (Registrar use only) ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE				62. REGISTRAR SIGNATURE <i>M. Thiersch</i>				63. DATE RECEIVED (Mo., Day, Yr) JAN 05 2007				

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

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

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