



201012030002  
Skagit County Auditor

12/3/2010 Page 1 of 2 9:29AM

**Document Title:**

Death Certificate

**Reference Number:** 9508220004

**Grantor(s):**

additional grantor names on page \_\_\_

1. Irene H. Peterson, Deceased

2.

**Grantee(s):**

additional grantee names on page \_\_\_

1. The Public

2.

**Abbreviated legal description:**

full legal on page(s) \_\_\_

Lot 56, "the Plat of Island View Park" as per Plat recorded in Volume 7 of Plats, page 38, in the Records of Skagit County, State of Washington.

**Assessor Parcel / Tax ID Number:**

additional tax parcel number(s) on page \_\_\_

3798-000-056-0003 / P57587

MONTANA CERTIFICATE OF DEATH

170-2001

Local File Number

State File Number

1. Irene		(Middle) H.	(Last) Peterson	SEX 2. Female	DATE OF DEATH (Month, Day, Year) 3. March 18, 2001
RACE - American Indian, Black, White, etc (Specify) 4. White		AGE - Last Birthday (Years) 5a. 89	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Month, Day, Year) 6. [REDACTED]
7b. PLACE OF DEATH (Check only one)			7a. Missoula		

HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA	OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)
FACILITY NAME (If not institution, give street and number) 7c. 981 Uffda	CITY, TOWN, OR LOCATION OF DEATH 7d. Condon

BIRTHPLACE (City and State or Foreign Country) 8. Golya, North Dakota	MARITAL STATUS 9. <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	SURVIVING SPOUSE (If wife, give maiden surname) 10. Vern Peterson
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SOCIAL SECURITY NUMBER 11. [REDACTED]	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. Owner	KIND OF BUSINESS/INDUSTRY 12b. Ranching	WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) 13. No
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RESIDENCE - STATE 14a. Montana	COUNTY 14b. Missoula	CITY, TOWN, OR LOCATION 14c. Condon	STREET NUMBER 14d. 981 Uffda
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INSIDE CITY LIMITS? (Yes or No) 14e. No	ZIP CODE 14f. 59826	ANCESTRY - Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc (Specify) 15. Norwegian	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 4
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FATHER'S NAME (First, Middle, Last) 17. Mons Haukaas	MOTHER'S NAME (First, Middle, Maiden Surname) 18. Kari
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INFORMANT'S NAME (Type/Print) 19a. Vern Peterson	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. 981 Uffda Condon, Montana 59826
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METHOD OF DISPOSITION 20a. <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) 3-21-01	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. Crematory Garden City	LOCATION - City or Town, State 20c. Missoula, Montana
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SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION 21a. Daniel P. Noonan	MONTANA LICENSE NUMBER (of Licensee) 21b. 543	NAME AND ADDRESS OF FACILITY 22. Garden City Funeral Home 1705 West Broadway Missoula, Montana 59808-
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23. PART I. Enter the diseases, injuries, or complications that caused the 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. (See instructions on other side)		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. cerebrovascular accident	1 week
Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) LAST	b. arteriosclerotic vasc. disease	20+ yrs
	c. Antihypertensive Vasc. Disease	
	d. DUE TO (OR AS A CONSEQUENCE OF):	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
	25. WAS CASE REFERRED TO CORONER? (Yes or no) No	

26. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide	DATE OF INJURY (Month, Day, Year) 27a. [REDACTED]	TIME OF INJURY 27b. M	INJURY AT WORK? (Yes or no) 27c. [REDACTED]	DESCRIBE HOW INJURY OCCURRED 27d. [REDACTED]
	PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) 27e. [REDACTED]	LOCATION (Street and Number or Rural Route Number, City or Town, State) 27f. [REDACTED]		

28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Donald R. Nevin MD.	28b. TO BE COMPLETED BY CORONER ONLY. 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 as stated.
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DATE SIGNED (Month, Day, Year) 28b. 3/20/01	HOUR OF DEATH 28c. 6:15 P.M.	DATE SIGNED (Month, Day, Year) 28b. [REDACTED]	HOUR OF DEATH 28c. M.
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NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) 28d. [REDACTED]	DATE PRONOUNCED DEAD (Month, Day, Year) 28d. [REDACTED]	PRONOUNCED DEAD (Hour) 28e. M.
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NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print) 30. Dr. Donald Nevin 631 West Alder, Missoula, MT 59802	DATE FILED (Month, Day, Year) 31b. March 23, 2001
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LOCAL REGISTRAR'S SIGNATURE 31a. Linda S. Crowley	DATE FILED (Month, Day, Year) 31b. March 23, 2001
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 MISSOULA COUNTY VITAL RECORDS DEATH

I filed this Certificate for record in this office on MAR 23 2001 with Vickie M. Zeier, County Recorder of Missoula County, State of Montana

I certify this to be a true and correct copy of the document on record in this office. Date: MAR 23 2001 By: Vickie M. Zeier, Missoula County Recorder Deputy



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