

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-022480

LOCAL FILE NUMBER: 4809

DATE ISSUED: 10/13/2017

FEE NUMBER: 72137306

FIRST AND MIDDLE NAME(S): MARIA G  
LAST NAME(S): GONZALEZ TORRES

COUNTY OF DEATH: CLARK  
DATE OF DEATH: MAY 16, 2017  
HOUR OF DEATH: 10:44 AM  
SEX: FEMALE AGE: 34 YEARS  
SOCIAL SECURITY NUMBER: (b) (4)

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: SE 5TH AVE. & VIOLA ST.  
CITY, STATE, ZIP: CAMAS, WASHINGTON 98607

RESIDENCE STREET: (b) (4)  
CITY, STATE, ZIP: VANCOUVER, WA 98684  
INSIDE CITY LIMITS: YES COUNTY: CLARK  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 1 YEAR

HISPANIC ORIGIN: YES, MEXICAN, MEXICAN AMERICAN, CHICANO  
RACE: WHITE

FATHER/PARENT: JOSE MANUEL TORRES-GARCIA  
MOTHER/PARENT: MARIA DEL CARMEN ROCHA FRANCO

BIRTH DATE: (b) (4)  
BIRTHPLACE: LAS RANAS MICHOACAN MEXICO

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: PFS CREMATORY

MARITAL STATUS: MARRIED  
SPOUSE: DANIEL GONZALEZ

CITY, STATE: PORTLAND, OREGON  
DISPOSITION DATE: MAY 23, 2017

OCCUPATION: HOUSEKEEPER  
INDUSTRY: CLEANING  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

FUNERAL FACILITY: DAVIES CREMATION & BURIAL SERVICE

INFORMANT: DANIEL GONZALEZ  
RELATIONSHIP: HUSBAND  
ADDRESS: 708 NE 148TH AVE. VANCOUVER, WA 98684

ADDRESS: 309 E 15TH ST #E  
CITY, STATE, ZIP: VANCOUVER, WASHINGTON 98663  
FUNERAL DIRECTOR: DONALD L. DAVIES

CAUSE OF DEATH:  
A: BLUNT HEAD INJURIES  
INTERVAL: UNKNOWN

B:  
INTERVAL:

C:  
INTERVAL:

D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

MANNER OF DEATH: ACCIDENT  
AUTOPSY: YES  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: YES

DATE OF INJURY: MAY 16, 2017  
HOUR OF INJURY: 10:21 AM  
INJURY AT WORK: NO  
PLACE OF INJURY: RAILROAD CROSSING

DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: UNKNOWN IF PREGNANT WITHIN THE  
PAST YEAR

LOCATION OF INJURY: SE 5TH AVENUE AND VIOLA STREET

CERTIFIER NAME: MARTHA J. BURT, MD  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 900 W 13TH ST  
CITY, STATE, ZIP: VANCOUVER, WA 98666  
DATE SIGNED: MAY 17, 2017

CITY, STATE, ZIP: CAMAS, WASHINGTON 98607  
COUNTY: CLARK

DESCRIBE HOW INJURY OCCURRED: DECEDENT DRIVER OF SEDAN  
STRUCK BY TRAIN.

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 2017-1071  
ATTENDING PHYSICIAN: NOT APPLICABLE

IF TRANSPORTATION INJURY, SPECIFY: DRIVER/OPERATOR

LOCAL DEPUTY REGISTRAR: TARA VAWTER  
DATE RECEIVED: MAY 18, 2017





# Affidavit for Correction

Mail to: Center for Health Statistics  
P.O. Box 47814  
Olympia, WA 98504-7814  
360-236-4300

This is a legal document. Complete in ink and do not alter.

### STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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<b>Required</b>	<b>Required information must match current information on record</b>			
	Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)			
	1. Name on Record: First                      Middle                      Last		2. Date of Event: MM/DD/YYYY	3. Place of Event: City or County
	4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution) First                      Middle                      Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) First                      Middle                      Last/Maiden	

6. Name of Person Requesting Correction:                      Relationship to Person on Record:     Self     Guardian     Informant     Hospital  
 Parent(s)     Funeral Director     Other (specify)

7. Return Mailing Address:  
P.O. Box or Street Address                      City                      State                      Zip

Telephone Number: ( )                      Email Address:

**Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:**

The record now shows:	The true fact is:
8.	9.
10.	11.
12.	13.
14.	15.

**I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct**

16a. Signature:                      16b. Signature of 2<sup>nd</sup> parent (if required):

Printed name:                      Date:                      Printed name:                      Date:

**INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information**

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

Required documentary proof must be submitted with the affidavit and include full name and birth date. Examples of documentary proof include:

- Birth/Marriage/Divorce record    • Military record (DD-214)    • School transcripts    • Social Security Numident Report
- Certificate of Naturalization    • Hospital/medical record    • Passport    • Green/Permanent Resident card (I-551)

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate.
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe.
3. Documentary proof must be five or more years old or established within five years of birth.

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| <p><b>Child under 18</b></p> <ul style="list-style-type: none"> <li>• If legal guardian(s), include certified court order proving guardianship</li> <li>• Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)*</li> <li>• After age one, a court order is required to change the last name</li> <li>• No proof is required to change the first or middle name*</li> <li>• To correct parent's information, one documentary proof is required.</li> <li>• To correct the sex of the child, one documentary proof from a medical provider is required</li> </ul> | <p><b>Adult (18 years or older)</b></p> <ul style="list-style-type: none"> <li>• Only the adult can change his or her birth certificate</li> <li>• If the first or middle name is missing, three pieces of documentary proof are required</li> <li>• If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required</li> <li>• To correct parent's birth date, place of birth, or name, one documentary proof is required</li> </ul> |
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\*To change any part of the name of a child, signatures from both parents listed on the certificate are required. If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). The informant may change marital status with proof. Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

1. Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof.
2. To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit.

DOH 422-034 October 2015

# CERTIFIED

OCT 13 2017

Alan Melnick  
Health Officer  
Clark County Public Health



Certificate not valid unless the Seal of the State of Washington changes color when heat applied.



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