

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



DATE ISSUED: 03/09/2017  
FEE NUMBER: 65469419

CERTIFICATE NUMBER: 2016-047455

FIRST AND MIDDLE NAME(S): DANNY LEE  
LAST NAME(S): BROWN JR

COUNTY OF DEATH: SKAGIT  
DATE OF DEATH: NOVEMBER 16, 2016  
HOUR OF DEATH: 10:04 PM  
SEX: MALE AGE: 23 YEARS  
SOCIAL SECURITY NUMBER: 538-27-7649

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO  
RACE: WHITE

BIRTH DATE: NOVEMBER 18, 1992  
BIRTHPLACE: SEDRO WOOLLEY, SKAGIT COUNTY, WASHINGTON

MARITAL STATUS: SINGLE, NEVER MARRIED  
SPOUSE: NOT APPLICABLE

OCCUPATION: LABORER  
INDUSTRY: COMMERCIAL  
EDUCATION: NO DIPLOMA, 9TH - 12TH GRADE  
US ARMED FORCES: NO

INFORMANT: BILLIE JO BROWN  
RELATIONSHIP: MOTHER  
ADDRESS: 4776 PRAIRIE LN, SEDRO WOOLLEY, WA 98284

CAUSE OF DEATH:  
A: BLUNT FORCE TRAUMA TO HEAD  
INTERVAL: SECONDS  
B:  
INTERVAL:  
C:  
INTERVAL:  
D:  
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: POSITIVE RESULTS FOR  
METHAMPHETAMINE, AMPHETAMINE AND MARIJUANA

DATE OF INJURY: NOVEMBER 16, 2016  
HOUR OF INJURY:  
INJURY AT WORK: NO  
PLACE OF INJURY: RAILROAD

LOCATION OF INJURY: 1000 BLOCK RIVERSIDE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273  
COUNTY: SKAGIT  
DESCRIBE HOW INJURY OCCURRED:  
PEDESTRIAN STRUCK BY TRAIN

IF TRANSPORTATION INJURY, SPECIFY: PEDESTRIAN

PLACE OF DEATH: OTHER PLACE  
FACILITY OR ADDRESS: 1000 BLOCK RIVERSIDE DRIVE  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98273

RESIDENCE STREET: 4776 PRAIRIE LN  
CITY, STATE, ZIP: SEDRO WOOLLEY, WASHINGTON 98284  
INSIDE CITY LIMITS: NO COUNTY: SKAGIT  
TRIBAL RESERVATION: NOT APPLICABLE  
LENGTH OF TIME AT RESIDENCE: 2 YEARS

FATHER/PARENT: DANNY LEE BROWN  
MOTHER/PARENT: BILLIE JO GREENWALT

METHOD OF DISPOSITION: CREMATION  
PLACE OF DISPOSITION: LICENSED DIRECTOR CREMATORIUM

CITY, STATE: BLAINE, WASHINGTON  
DISPOSITION DATE: NOVEMBER 23, 2016

FUNERAL FACILITY: SIMPLE CREMATION OF BELLINGHAM

ADDRESS: 1313 EAST MAPLE ST.  
CITY, STATE, ZIP: BELLINGHAM, WASHINGTON 98225  
FUNERAL DIRECTOR: MICHAEL GALAVIZ

MANNER OF DEATH: ACCIDENT  
AUTOPSY: NO  
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE  
CAUSE OF DEATH: NOT APPLICABLE  
DID TOBACCO USE CONTRIBUTE TO DEATH: NO  
PREGNANCY STATUS IF FEMALE: NOT APPLICABLE

CERTIFIER NAME: HAYLEY THOMPSON  
TITLE: CORONER/ME  
CERTIFIER ADDRESS: 116 S. 11TH ST  
CITY, STATE, ZIP: MOUNT VERNON, WASHINGTON 98274  
DATE SIGNED: NOVEMBER 17, 2016

CASE REFERRED TO ME/CORONER: YES  
FILE NUMBER: 188-16  
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: MARIA VIVANCO  
DATE RECEIVED: NOVEMBER 23, 2016



# 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 |
|-------------------|------------|----------|------|------------------|

|                            |   |                |  |                              |
|----------------------------|---|----------------|--|------------------------------|
| <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:  |                | 2. Date of Event:  | 3. Place of Event:           |
|                            | First   | Middle         | Last   | MM/DD/YYYY<br>City or County |
|                            | 4. Father/Parent Full Legal Name (Spouse A for Marriage or Dissolution)   |                | 5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution)  |                              |
|                            | First   | Middle         | Last/Maiden  | First Middle Last/Maiden     |
|                            | 6. Name of Person Requesting Correction:  |                | Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Hospital <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input type="checkbox"/> 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:   | Printed name:   |
| Date:           | 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

- 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.
- 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.
- Documentary proof must be five or more years old or established within five years of birth.

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- 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)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*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

- 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.
- The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- 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.
- 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



This is a true and exact certification of the record officially registered and on file with the Washington State Department of Health, issued under the authority of Chapter 70.58 RCW, and at the direction of Christie Spice, State Registrar.

*Christie Spice*



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