

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



DATE ISSUED: 09/21/2022
FEE NUMBER:

CERTIFICATE NUMBER: 2022-048274

FIRST AND MIDDLE NAME(S): ROBERT ALBERT
LAST NAME(S): ERICKSON

COUNTY OF DEATH: KING
DATE OF DEATH: SEPTEMBER 13, 2022
HOUR OF DEATH: 03:44 PM
SEX: MALE AGE: 88 YEARS
SOCIAL SECURITY NUMBER: 537-30-8264

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

BIRTH DATE: DECEMBER 10, 1933
BIRTHPLACE: HOQUIAM, WA

MARITAL STATUS: MARRIED
SURVIVING SPOUSE: CAROLYN EDITH SUTTON

OCCUPATION: MANAGER
INDUSTRY: TELECOMMUNICATIONS
EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE
US ARMED FORCES: YES

INFORMANT: CAROLYN EDITH ERICKSON
RELATIONSHIP: WIFE
ADDRESS: 29 W. WISHKAH ROAD ABERDEEN, WA 98520

CAUSE OF DEATH:
A: RESPIRATORY FAILURE AND ARREST
INTERVAL: 1 HOUR
B: CHRONIC KIDNEY DISEASE 3
INTERVAL: 1 YEAR
C: PROGRESSIVE COGNITIVE AND MEMORY DECLINE
INTERVAL: 1 1/2 YEARS
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY:
HOUR OF INJURY:
INJURY AT WORK:
PLACE OF INJURY:

LOCATION OF INJURY:

CITY, STATE, ZIP:
COUNTY:
DESCRIBE HOW INJURY OCCURRED:

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: AUBURN REGIONAL MEDICAL CENTER
CITY, STATE, ZIP: AUBURN, WASHINGTON 98001

RESIDENCE STREET: 29 WEST WISHKAH ROAD
CITY, STATE, ZIP: ABERDEEN, WA 98520
INSIDE CITY LIMITS: NO COUNTY: GRAYS HARBOR
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 53 YEARS

FATHER: JOHN ERICKSON
MOTHER: MARTHA LUCILLE STOKER

METHOD OF DISPOSITION: BURIAL
PLACE OF DISPOSITION: ST JOHN'S CEMETERY

CITY, STATE: ABERDEEN, WASHINGTON
DISPOSITION DATE: SEPTEMBER 28, 2022

FUNERAL FACILITY: COLEMAN MORTUARY INC

ADDRESS: P O BOX 447
CITY, STATE, ZIP: HOQUIAM, WASHINGTON 98550
FUNERAL DIRECTOR: ROGER E SMITH

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

CERTIFIER NAME: NAGAVEDU RAGHUNATH, MD
TITLE: PHYSICIAN
CERTIFIER ADDRESS: 202 N DIVISION ST
CITY, STATE, ZIP: AUBURN, WASHINGTON 98001
DATE SIGNED: SEPTEMBER 20, 2022

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: NOT APPLICABLE
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: SEPTEMBER 21, 2022