

STATE OF WASHINGTON
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2017-034334

DATE ISSUED: 08/10/2017
FEE NUMBER: 14791

FIRST AND MIDDLE NAME(S): ANDREW HALL
LAST NAME(S): CUTLER

COUNTY OF DEATH: KING
DATE OF DEATH: JULY 29, 2017
HOUR OF DEATH: 05:00 AM
SEX: MALE AGE: 60 YEARS
SOCIAL SECURITY NUMBER: 214-82-3780

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

BIRTH DATE: NOVEMBER 29, 1956
BIRTHPLACE: GARY, IN

MARITAL STATUS: SINGLE, NEVER MARRIED
SPOUSE: UNKNOWN

OCCUPATION: AUTHOR, CONSULTANT & PUBLISHER
INDUSTRY: PUBLISHING
EDUCATION: DOCTORATE OR PROFESSIONAL DEGREE
US ARMED FORCES: NO

INFORMANT: JOANN LOOS
RELATIONSHIP: SIGNIFICANT OTHER
ADDRESS: 3006 230TH LANE SE #X103, SAMMAMISH, WASHINGTON

CAUSE OF DEATH:
A: PROBABLE HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
INTERVAL: YEARS
B:
INTERVAL:
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

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

LOCATION OF INJURY:

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

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOME
FACILITY OR ADDRESS: 3006 230TH LANE SE #X103
CITY, STATE, ZIP: SAMMAMISH, WASHINGTON 98075

RESIDENCE STREET: 3006 230TH LANE SE #X103
CITY, STATE, ZIP: SAMMAMISH, WASHINGTON 98075-8230
INSIDE CITY LIMITS: YES COUNTY: KING
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER/PARENT: ROBERT CROWDER CUTLER
MOTHER/PARENT: ESTELLE GORBATOFF

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: FIRST CREMATION SERVICES

CITY, STATE: KENT, WASHINGTON
DISPOSITION DATE: AUGUST 10, 2017

FUNERAL FACILITY: BARTON FAMILY FUNERAL SERVICE

ADDRESS: 11630 SLATER AVE NE STE 1A
CITY, STATE, ZIP: KIRKLAND, WASHINGTON 98034
FUNERAL DIRECTOR: PATRICIA J. BARTON

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

CERTIFIER NAME: NICOLE YARID, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: JULY 31, 2017

CASE REFERRED TO ME/CORONER: YES
FILE NUMBER: 17-1485
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: RUTH ROBERSON
DATE RECEIVED: AUGUST 09, 2017