



# STATE OF WASHINGTON DEPARTMENT OF HEALTH



## CERTIFICATE OF DEATH



CERTIFICATE NUMBER: 2021-031710

DATE ISSUED: 07/09/2021

FEE NUMBER:

FIRST AND MIDDLE NAME(S): JULIANA ROSE

LAST NAME(S): LEON

COUNTY OF DEATH: KING

DATE OF DEATH: JUNE 28, 2021

HOUR OF DEATH: 03:00 PM

SEX: FEMALE

AGE: 65 YEARS

SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO

RACE: WHITE

BIRTH DATE: FEBRUARY 16, 1956

BIRTHPLACE: PONTIAC, MI

MARITAL STATUS: WIDOWED

SURVIVING SPOUSE: NOT APPLICABLE

OCCUPATION: OFFICE ASSISTANT

INDUSTRY: APPLIANCE REPAIR

EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE

US ARMED FORCES: NO

INFORMANT: MISTI ROBY

RELATIONSHIP: DAUGHTER

ADDRESS: [REDACTED]

CAUSE OF DEATH:

A: SYSTEMIC HYPERTHERMIA

INTERVAL: HOURS

B: ENVIRONMENTAL EXPOSURE

INTERVAL: HOURS

C:

INTERVAL:

D:

INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH: HYPERTENSIVE  
CARDIOVASCULAR DISEASE

DATE OF INJURY: JUNE 28, 2021

HOUR OF INJURY: 12:20 PM

INJURY AT WORK: NO

PLACE OF INJURY: VEHICLE

LOCATION OF INJURY: 8031 14TH AVE NE

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98105

COUNTY: KING

DESCRIBE HOW INJURY OCCURRED: EXPOSED TO EXCESSIVE HEAT IN  
PARKED VEHICLE

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: OTHER PLACE

FACILITY OR ADDRESS: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

RESIDENCE STREET: [REDACTED]

CITY, STATE, ZIP: [REDACTED]

INSIDE CITY LIMITS: NO

COUNTY: [REDACTED]

TRIBAL RESERVATION: NOT APPLICABLE

LENGTH OF TIME AT RESIDENCE: 17 YEARS

FATHER: GERALD L [REDACTED]

MOTHER: JANE F [REDACTED]

METHOD OF DISPOSITION: DONATION/MEDICAL RESEARCH

PLACE OF DISPOSITION: ANATOMY GIFTS REGISTRY

CITY, STATE: HANOVER, MARYLAND

DISPOSITION DATE: JULY 06, 2021

FUNERAL FACILITY: FIRST CALL PLUS OF WASHINGTON

ADDRESS: 6942 S 196TH ST

CITY, STATE, ZIP: KENT, WASHINGTON 98032

FUNERAL DIRECTOR: JAMES D. STARK

MANNER OF DEATH: ACCIDENT

AUTOPSY: YES

WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE

CAUSE OF DEATH: YES

DID TOBACCO USE CONTRIBUTE TO DEATH: NO

PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: RICHARD C. HARRUFF, MD, PHD

TITLE: CORONER/ME

CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER

CITY, STATE, ZIP: SEATTLE, WASHINGTON 98104

DATE SIGNED: JUNE 30, 2021

CASE REFERRED TO ME/CORONER: YES

FILE NUMBER: 21-2121

ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN

DATE RECEIVED: JULY 06, 2021