

STATE OF WASHINGTON  
 DEPARTMENT OF HEALTH

SEATTLE-KING COUNTY

 DEPARTMENT OF PUBLIC HEALTH  
 VITAL STATISTICS SECTION

## CERTIFIED COPY OF DEATH CERTIFICATE

TYPE OR PRINT IN PERMANENT BLACK INK

 3471  
 LOCAL IDENTIFICATION NUMBER

**Health**  
 CERTIFICATE OF DEATH

146

STATE FILE NUMBER

1. NAME <b>KURT</b>		2. LAST FIRST <b>DOY</b>		3. SEX OF F/T <b>Male</b>			4. DEATH DATE (Mo./Day/Yr.) <b>4/5/1994</b>				
5. AGE LAST BIRTH <b>27</b>		6. US (U.S. BIRTH) <b>YES</b>			7. BIRTH DATE (Mo./Day/Yr.) <b>Feb 20, 1967</b>			8. COUNTY OF BIRTH <b>King</b>			
9. CITY/TOWN OR LOCATION OF DEATH <b>Seattle</b>			12. PLACE OF DEATH - BOX FOR PLACE THEN GIVE ADDRESS OR IDENTIFIER NAME <b>171 Lake Washington Blvd East</b>			13. (SMOKER) IS PLACED IN PLACE 18 YEARS (Y/N) (Mo.) <b>Yes</b>					
14. MARITAL STATUS (Current) <b>Married</b>		15. Relationship (Spouse of wife, give maiden name) <b>Courtney Love</b>		16. SOCIAL SECURITY No. <b>536 90 4399</b>		17. DECEASED'S EDUCATION (Specify only highest grade completed) <b>12</b>					
18. USUAL OCCUPATION (Give kind of work done during most of working life; DO NOT USE RETIRED) <b>Post-Musician</b>		19. KIND OF BUSINESS OR INDUSTRY <b>Punk Rock</b>		20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No; If Yes, Specify Cuban, Mexican, Puerto Rican, etc.) <b>No</b>		21. RACE (Specify) <b>White</b>					
22. RESIDENCE - NUMBER AND STREET <b>171 Lake Washington Blvd</b>			23. CITY/TOWN OR LOCATION <b>Seattle</b>		24. AREA OF CITY (Zip Code) <b>Yes</b>		25. LENGTH OF RES. IN STATE <b>3 Yrs</b>		26. STATE <b>WA</b>		27. ZIP CODE <b>98112</b>
28. FATHER'S NAME - FIRST MIDDLE LAST <b>Donald Cobain</b>			29. MOTHER'S NAME - FIRST MIDDLE MARIEN SURNAME <b>Wendy Elizabeth Fraidenberg</b>			30. MARITAL ADDRESS <b>Courtney Love Cobain</b>			31. STREET OR PO BOX NO. CITY OR TOWN STATE ZIP <b>Ordizkw Carrull 9113 Sunset Blvd, Los Angeles, CA 90069</b>		
32. USUAL OCCUPATION (REMOVAL OTHER JOB(S)) <b>CONTROL LOG</b>		33. DATE (Mo./Day/Yr.) <b>04/14/1994</b>		34. CENTER/COSMOTOLOGY - NAME <b>Uniservice Crematory</b>			35. LOCATION - CITY/TOWN STATE <b>Seattle, Washington</b>				
36. FUNERAL DIRECTOR (NAME) <b>James B. Miletic</b>		37. NAME OF FACILITY <b>Bleitzi Funeral Home 316 Florentia St, Seattle, Washington 98109</b>			38. ADDRESS OF FACILITY						
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) LISTED				43. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) LISTED							
SIGNATURE AND TITLE <b>Nikolas J. Hartshorne MD</b>				44. DATE SIGNED (Mo./Day/Yr.) <b>April 9, 1994</b>							
40. DATE SIGNED (Mo./Day/Yr.) <b>X</b>				41. HOUR OF DEATH (24 Hrs.) <b>7PM</b>		45. HOUR OF DEATH (24 Hrs.) <b>7PM</b>					
42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERIFIER (Type or Print) <b>NIKOLAS J. HARTSHORNE, M.D.</b>				46. PREPARED BY (Mo./Day/Yr.) <b>April 8, 1994</b>		47. HOUR PREPARED (24 Hrs.) <b>1030 h</b>					
48. MEDICOMMER FILE NUMBER <b>KCPME 94-399</b>				49. MDCOMMER FILE NUMBER							
50. ENTER THE DISEASE(S), INJURY, OR COMPLICATION WHICH CAUSED THE DEATH											
IMMEDIATE CAUSE (Final disease or condition resulting in death)				INTERNAL BETWEEN ONSET AND DEATH							
DO NOT ENTER THE MEANS OF DYING, SUCH AS CHOKING OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Separately list condition, if any, leading to immediate cause (even if UNKNOWING CAUSE (Insert in injury which related needs stating in death) LAST.				INTERNAL BETWEEN ONSET AND DEATH							
a. Contact perforating shotgun wound to head				INTERNAL BETWEEN ONSET AND DEATH							
b. (mouth)				INTERNAL BETWEEN ONSET AND DEATH							
c.				INTERNAL BETWEEN ONSET AND DEATH							
d.				INTERNAL BETWEEN ONSET AND DEATH							
51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN A CHANGES THIS CAUSE (GIVEN ABOVE)											
54. ACC. SUICIDE (How - Under or Outside Relief - Opened)				55. INJURY DATE (Mo./Day/Yr.)		56. HOUR OF INJURY (24 Hrs.)		57. DETECTION OF INJURY OCCURRED			
<b>Suicide</b>				<b>4/5/1994</b>		<b>7PM</b>		<b>Self-inflicted shotgun wound</b>			
58. INJURY AT HOME? (Y/N) (No)		59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, BOAT, ETC. (Specify)		60. LOCATION - STREET OR RFD NO., CITY/TOWN STATE							
<b>NO</b>		<b>Residence</b>		<b>Seattle King County Washington</b>							
61. REMARKS (Specimen or first DEPENDENT SYMPTOM)				62. RETURN DATE		63. SIGNATURE		64. DATE SIGNED (Mo./Day/Yr.)			
<b>X</b>				<b>X</b>		<b>Nikolas J. Hartshorne</b>		<b>APR 14 1994</b>			

(7/94)