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 REGISTRAR'S NUMBER)

Health

CERTIFICATE OF DEATH

146 (STATE FILE NUMBER)

1. NAME: First: KURT	Middle: DONALD	Last: COBAIN	2. SEX: Male	3. DEATH DATE: 4/5/1994			
4. AGE LAST BIRTHDAY (Yrs): 27	5. UNDER 1 YEAR: MOS / DAYS	6. UNDER 1 DAY: HOURS / MINS	7. BIRTHDATE: Feb 20, 1967	8. BIRTHPLACE: Aberdeen, WA	9. WAS DECEDENT EVER IN U.S. ARMED FORCES?: No	10. COUNTY OF DEATH: King	
11. CITY, TOWN OR LOCATION OF DEATH: Seattle	12. PLACE OF DEATH: 1 HOME 2 IN TRANSPORT 3 EMERG. INPATIENT FACILITY 4 HOSP. 5 NURSING HOME 6 OTHER PLACE: 171 Lake Washington Blvd East				13. SMOKING IN LAST 15 YEARS? (Yes/No): Yes		
14. MARITAL STATUS: Married	15. SURVIVING SPOUSE: Courtney Love	16. SOCIAL SECURITY NO: 536 90 4399	17. DECEDENT'S EDUCATION: Elementary/Secondary (0-12): 12	College (1-4 or 5+):			
18. USUAL OCCUPATION: Poet/Musician	19. KIND OF BUSINESS OR INDUSTRY: Punk Rock	20. Was Decedent of Hispanic origin or descent?: No	21. RACE: White				
22. RESIDENCE - NUMBER AND STREET: 171 Lake Washington Blvd E.	23. CITY/TOWN OR LOCATION: Seattle	24. INSIDE CITY LIMITS?: Yes	25A. COUNTY: King	25B. LENGTH OF RES IN CO: 3 Yrs	26. STATE: WA	27. ZIP CODE: 98112	
28. FATHER'S NAME: Donald Cobain		29. MOTHER'S NAME: Wendy Elizabeth Fraidenberg					
30. INFORMANT: Courtney Love Cobain	31. MAILING ADDRESS: Codikow-Carroll 9113 Sunset Blvd, Los Angeles, CA 90069						
32. BURIAL, CREMATION, REMOVAL, OTHER: Cremation	33. DATE: 04/14/1994	34. CEMETERY/CREMATORY: Uniservice Crematory	35. LOCATION: Seattle, Washington				
36. FUNERAL DIRECTOR SIGNATURE: X Dawn B. Bleitz	37. NAME OF FACILITY: Bleitz Funeral Home	38. ADDRESS OF FACILITY: 316 Florentia St, Seattle, Washington 98109					

TO BE COMPLETED ONLY BY CERTIFYING PHYSICIAN

39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED.
SIGNATURE AND TITLE: X

40. DATE SIGNED:

41. HOUR OF DEATH (24 Hrs.):

42. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

TO BE COMPLETED ONLY BY MEDICAL EXAMINER OR CORONER

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) STATED.
SIGNATURE AND TITLE: X Nikolas Hartshorne MD

44. DATE SIGNED: April 9, 1994

45. HOUR OF DEATH (24 Hrs.): 2PM

46. PRONOUNCED DEAD (Mo., Day, Yr.): April 8, 1994

47. HOUR PRONOUNCED DEAD (24 Hrs.): 1030 h

48. NIKOLAS J. HARTSHORNE, M.D.
ASSISTANT MEDICAL EXAMINER
325 9th Avenue, Seattle, WA 98104

49. MEDICORONER'S FILE NUMBER: KCME 94-399

50. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH:

IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Contact perforating shotgun wound to head		INTERVAL BETWEEN ONSET AND DEATH
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.	DUE TO, OR AS A CONSEQUENCE OF: b. (mouth)	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF: c.	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE OF: d.	INTERVAL BETWEEN ONSET AND DEATH

51. OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE:

52. AUTOPSY? (Yes/No): Yes

53. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes/No): Yes

54. ACC, SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)	55. INJURY DATE (Mo., Day, Yr.)	56. HOUR OF INJURY (24 Hrs.)	57. DESCRIBE HOW INJURY OCCURRED
Suicide	4/5/1994	2PM	Self-inflicted shotgun wound

58. INJURY AT WORK? (Yes/No)	59. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE BLDG, ETC. (Specify)	60. LOCATION - STREET OR RFD NO., CITY/TOWN, STATE
No	Residence	Seattle King County Washington

61. RECORD AMENDMENT (Registrar use only): ITEM | DOCUMENTARY EVIDENCE | REVIEWED BY | DATE

62. MEDICAL EXAMINER/CORONER SIGNATURE: X Thomas M. Noguchi

63. DATE RECEIVED (Mo., Day, Yr.): APR 14 1994

DOH 11-003 (7/94)

AUTOPSY FILES .ORG