

**STATE OF ALASKA**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF ALASKA**

ALASKA DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS

P.O. BOX 110675 Juneau, Alaska 99811-0675

DATE FILED **03/04/2026** STATE FILE NO. [REDACTED]

**1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)**  
**TODD MORGAN MEADOWS**

**2. SEX** MALE **3. SOCIAL SECURITY NUMBER** [REDACTED]

**4a. AGE-Last Birthday (Years)** 25 **4b. UNDER 1 YEAR** Months: \_\_\_\_\_ Days: \_\_\_\_\_ **4c. UNDER 1 DAY** Hours: \_\_\_\_\_ Minutes: \_\_\_\_\_

**5. DATE OF BIRTH (MM/DD/YY)** 03/28/2000 **6. BIRTHPLACE (City and State or Foreign Country)** OLYMPIA, WASHINGTON

**7a. RESIDENCE-STATE** WASHINGTON **7b. COUNTY** MASON **7c. CITY OR TOWN** ELMA

**7d. APT. No.** [REDACTED] **7e. ZIP CODE** 98541 **7f. INSIDE CITY LIMITS?**  Yes  No

**8. EVER IN US ARMED FORCES?**  Yes  No  Unknown **9. MARITAL STATUS AT TIME OF DEATH** NEVER MARRIED **10. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage)** [REDACTED]

**11. FATHER'S NAME (First, Middle, Last)** LUCAS MEADOWS **12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)** ANGELA [REDACTED]

**13a. INFORMANT'S NAME** ANGELA MEADOWS **13b. RELATIONSHIP TO DECEDENT** MOTHER **13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)** [REDACTED]

**14. DECEDENT'S EDUCATION** 2. 9TH THRU 12TH GRADE, NO DIPLOMA **16. DECEDENT'S RACE:**  White  Black or African American  American Indian or Alaskan Native (Name of the enrolled or principal tribe: \_\_\_\_\_)  Asian Indian  Chinese  Filipino  Japanese  Korean  Vietnamese  Other Asian (Specify) \_\_\_\_\_  Native Hawaiian  Guamanian or Chamorro(a)  Samoan  Other Pacific Islander (Specify) \_\_\_\_\_  Other (Specify) \_\_\_\_\_

**15. DECEDENT OF HISPANIC ORIGIN?**  No, not Spanish/Hispanic/Latino(a)  Yes, Mexican, Mexican American, Chicano(a)  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/Latino(a) \_\_\_\_\_

**17. DECEDENT'S USUAL OCCUPATION** COMMERCIAL FISHER **18. KIND OF BUSINESS OR INDUSTRY** FISHING

**19. PLACE OF DEATH** CRABBING VESSEL **20. FACILITY NAME (If not institution, give street & number)** 56.01N, 168.17W **21. CITY OR TOWN, STATE AND ZIP CODE** BERING SEA, ALASKA 99999 **22. COUNTY OF DEATH** BERING SEA

**23. METHOD OF DISPOSITION**  Burial  Cremation  Donation  Entombment  Removal from State  Other \_\_\_\_\_ **24. PLACE OF DISPOSITION** JANSSEN'S ALASKA CREMATION CENTER

**25. LOCATION - CITY, TOWN AND STATE** ANCHORAGE AK **26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY** [REDACTED]

**27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (ELECTRONICALLY SIGNED)** JORDAN C. EASTMAN **28. LICENSE NUMBER (Of Licensor)** 403

**29. DATE PRONOUNCED DEAD (MM/DD/YY)** 02/25/2026 **30. TIME PRONOUNCED DEAD** 17:15

**31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)** \_\_\_\_\_ **32. LICENSE NUMBER** \_\_\_\_\_ **33. DATE SIGNED (MM/DD/YY)** \_\_\_\_\_

**34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY)** 02/25/2026 **35. ACTUAL OR PRESUMED TIME OF DEATH** 17:15 **36. WAS MEDICAL EXAMINER OR CORONER CONTACTED?**  Yes  No

**37. PART I. CAUSE OF DEATH**  
 a. **DROWNING WITH PROBABLE HYPOTHERMIA**  
 Due to (or as a consequence of): \_\_\_\_\_  
 b. **SUBMERSION OF BODY IN COLD WATER**  
 Due to (or as a consequence of): \_\_\_\_\_  
 c. \_\_\_\_\_  
 Due to (or as a consequence of): \_\_\_\_\_  
 d. \_\_\_\_\_  
 Due to (or as a consequence of): \_\_\_\_\_

**38. WAS AN AUTOPSY PERFORMED?**  Yes  No **39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?**  Yes  No

**PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause** \_\_\_\_\_

**40. DID TOBACCO USE CONTRIBUTE TO DEATH?** N **41. IF FEMALE (PREGNANCY STATUS);** 8. NOT APPLICABLE **42. MANNER OF DEATH** ACCIDENT

**43. DATE OF INJURY (MM/DD/YY)** 02/25/2026 **44. TIME OF INJURY** Unknown **45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)** THE ALUETIAN LADY CRAB VESSEL IN THE BERING SEA

**47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode)** 56.01N, 168.17W BERING SEA, ALASKA 99999 **46. INJURY AT WORK?**  Yes  No

**48. DESCRIBE HOW INJURY OCCURRED:** FALL INTO OCEAN WATER WHILE COMMERCIAL CRAB FISHING **49. IF TRANSPORTATION INJURY, SPECIFY:**  Driver/Operator  Passenger  Pedestrian  Unknown  Other (Specify) CREW

**50a. CERTIFIER:** MEDICAL EXAMINER/CORONER **50b. NAME OF CERTIFIER (ELECTRONICALLY SIGNED):** CRISTIN M. ROLF **51. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH:** [REDACTED]

**52. LICENSE NUMBER** 8262 **53. DATE CERTIFIED (MM/DD/YY)** 03/03/2026

001966796

THIS IS A TRUE CERTIFICATION OF FACT ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, JUNEAU, ALASKA.

March 6, 2026

DATE ISSUED \_\_\_\_\_

*Aligail Newley-Kew*  
State Registrar

This copy is not valid unless prepared with an engraved border displaying the date, seal, and signature of the Alaska State Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

