

**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**

**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**

**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)

**16. DECEDENT'S RACE:** (Name of the enrolled or principal tribe)  
 White  
 Black or African American  
 American Indian or Alaskan Native  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian (Specify) \_\_\_\_\_  
 Native Hawaiian  
 Guamanian or Chamorro(a)  
 Samoan  
 Other Pacific Islander (Specify) \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

**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 Licensee)**  
**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)**  
[REDACTED]

**32. LICENSE NUMBER**  
[REDACTED]

**33. DATE SIGNED (MM/DD/YY)**  
[REDACTED]

**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

**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**

**46. INJURY AT WORK?**  Yes  No

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

**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

*Alizah Newby-Kew*  
State Registrar

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

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

