

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IAHMO CODE 30-2414; & 30-274

OF DEATH (Month, Day, Year)
Jan 16, 1990
PLACE (City and State or Foreign Country)
Angel Ridge, Idaho

THIS IS TO CERTIFY that this is a true copy of a death certificate . . .