

Craig -

RECEIVED

JUL 31 2001

Department of Water Resources
Eastern Region

Here is the copy that you
requested, to remove my
husbands name -

my Sons name -

"Steve Leamon" should
be put under mine, as, the
place will be his -

Thank you -

Donna M. Leamon
9259 W. Gibbon Jack & Ra
Pocatello, Idaho
83204

RECEIVED

JUL 3 1 2001

State of Idaho
CERTIFICATE OF DEATH

Department of Water Resources File No.

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE VALID FOR
EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-24(1) & 39-274

Local Reg. No. 6-157

DECEDENT

TYPE OR
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PENNAME OF DECEDENT:
For use by physician or institution

DECEDENT — NAME FIRST <u>ROLAND</u> MIDDLE <u>Malcolm</u> LAST <u>Leaman</u>		SEX <u>Male</u>	DATE OF DEATH (Month, Day, Year) * <u>May 4, 1990</u>
SOCIAL SECURITY NUMBER 4. <u>289-27-0469</u>		AGE - Last Birthday (Yrs.) 5a. <u>63</u>	DATE OF BIRTH (Month, Day, Year) 6. <u>February 2, 1927</u>
BIRTHPLACE (City and State or Foreign Country) 7. <u>Toledo, Ohio</u>			
WAS DECEDENT EVER IN U.S. ARMED FORCES? 8. ☒ Yes ☐ No		PLACE OF DEATH (Check only one) * 9a. (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ DOA (4) ☐ Licensed Nursing Home (5) ☒ Private Residence (6) ☐ Licensed Shelter Home (7) ☐ Other (Specify) _____	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 9b. <u>9259 Gibson Jack (Private Residence)</u>		CITY, TOWN OR LOCATION OF DEATH 9c. <u>Pocatello</u>	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) 10. <u>Married</u>		DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) 12a. <u>Carpenter</u>	
SURVIVING SPOUSE (If wife, give maiden name) 11. <u>Donna Mae Baker</u>		KIND OF BUSINESS / INDUSTRY 12b. <u>Roofing Industry</u>	
RESIDENCE STATE 13a. <u>Idaho</u>	COUNTY 13b. <u>Bannock</u>	CITY, TOWN OR LOCATION 13c. <u>Pocatello</u>	STREET AND NUMBER 13d. <u>9259 West Gibson Jack</u>
INSIDE CITY LIMITS? 13f. ☐ Yes ☒ No		ZIP CODE 13e. <u>83204</u>	
WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. (Specify): _____		RACE — American Indian, Black, Japanese, White, etc. (Specify) 15. <u>White</u>	
FATHER — NAME 17a. <u>William Leaman</u>		BIRTHPLACE 17b. <u>Wisconsin</u>	
MOTHER — FULL MAIDEN NAME 18a. <u>Helen Perry</u>		BIRTHPLACE 18b. <u>Ohio</u>	
INFORMANT'S NAME (Type/Print) 19a. <u>Donna Mae Leaman</u>		MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19b. <u>9259 West Gibson Jack Pocatello, Idaho 83204</u>	
METHOD OF DISPOSITION 20a. ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify) _____		PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20b. <u>Mountain View Cemetery</u>	
LOCATION — City or Town, State 20c. <u>Pocatello, Idaho</u>			
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21a. <u>[Signature]</u>		LICENSE NUMBER (of Licensee) 21b. <u>M-597</u>	
NAME AND ADDRESS OF FACILITY 22. <u>Henderson Funeral Home</u> <u>431 N. 15th Ave. Pocatello, Idaho 83201</u>			
TIME OF DEATH 23. <u>9:00 A.M.</u>		DATE PRONOUNCED DEAD (Month, Day, Year) 24. <u>May 4, 1990</u>	
WAS CASE REFERRED TO CORONER? 25. ☐ Yes ☒ No		MANNER OF DEATH (Check One) 26. ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined	
27. PART I Enter the diseases, injuries, or complications that caused the 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>Cardiac arrest</u> DUE TO (or as a consequence of): b. <u>Coronary artery disease</u> DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ Approximate Interval Between Onset and Death <u>1986 -</u>			
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____ WAS AN AUTOPSY PERFORMED? 28a. ☐ Yes ☒ No WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 28b. ☐ Yes ☐ No			
CERTIFIER (Check only one) ☒ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			
SIGNATURE AND TITLE OF CERTIFIER 29a. <u>[Signature]</u>		LICENSE NUMBER 29b. <u>M-1506</u>	
NAME AND ADDRESS OF CERTIFIER (Type/Print) 29a. <u>Lloyd S. Call M.D. 1352 East Center</u>		Pocatello, Idaho 83201	
DATE OF INJURY (Mo., Day, Yr.) 30a. _____		HOUR OF INJURY 30b. _____	
DESCRIBE HOW INJURY OCCURRED 30c. _____			
INJURY AT WORK? 30d. ☐ Yes ☐ No		IF TRANSPORTATION ACCIDENT, Specify 30e. ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other _____	
PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 30f. _____		LOCATION (Street or Route Number, City/Town, or County, and State) 30g. _____	
CORONER'S ACTION (Check One) 31a. (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified		CORONER'S SIGNATURE 31b. _____	
DATE SIGNED (Month, Day, Year) 31c. _____			
REGISTRAR'S SIGNATURE 32a. <u>Gloria Lopez</u>		DATE FILED (Month, Day, Year) 32b. <u>May 21, 1990</u>	

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

TO BE USED FOR EXTERNAL CAUSES ONLY

CORONER'S REVIEW AREA

REGISTRAR

NAME OF DECEDENT For use by physician	13a. Idaho		13b. Bannock		13c. Pocatello		13d. 9259 West Gibson Jack		13e. 83204			
	13f. INSIDE CITY LIMITS? ☐ Yes ☒ No		13g. WAS DECEDENT OF HISP/ If yes, specify Cuban, Mexi ☐ Yes ☒ No		13h. ORIGIN? (Specify No or Yes -- vto Rican, etc.)		13i. RACE -- American Indian, Black, Japanese, White, etc. (Specify) White		13j. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 College (1-4 or 5+) 6			
PARENTS	14a. FATHER -- NAME William Leaman				14b. BIRTHPLACE Wisconsin		14c. MOTHER -- FULL MAIDEN NAME Helen Perry				14d. BIRTHPLACE Ohio	
	15a. INFORMANT'S NAME (Type/Print) Donna Mae Leaman				15b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9259 West Gibson Jack Pocatello, Idaho 83204							
INFORMANT	16a. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho ☐ Donation ☐ Other (Specify)				16b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Mountain View Cemetery				16c. LOCATION -- City or Town, State Pocatello, Idaho			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>				17b. LICENSE NUMBER (of Licensee) M-597		17c. NAME AND ADDRESS OF FACILITY * Henderson Funeral Home 431 N. 15th Ave. Pocatello, Idaho 83201					
DISPOSITION	18a. TIME OF DEATH 9:00 A.M.		18b. DATE PRONOUNCED DEAD (Month, Day, Year) May 4, 1990		18c. WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No		18d. MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined					
	27. PART I Enter the diseases, injuries, or complications that caused the 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>cardiac arrest</u> DUE TO (or as a consequence of): b. <u>coronary artery disease</u> DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____ Approximate Interval Between Onset and Death <u>1986</u>											
CAUSE OF DEATH	27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I. _____ _____ _____											
	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No						28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No					
CERTIFIER	CERTIFIER (Check only one) ☒ PHYSICIAN -- To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER -- On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.											
	29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29b. LICENSE NUMBER M-1506		29c. DATE SIGNED (Month, Day, Year) 5/16/90					
TO BE USED FOR EXTERNAL CAUSES ONLY	29d. NAME AND ADDRESS OF CERTIFIER (Type/Print) Lloyd S. Call M.D. 1352 East Center Pocatello, Idaho 83201											
	30a. DATE OF INJURY (Mo., Day, Yr.)		30b. HOUR OF INJURY		30c. DESCRIBE HOW INJURY OCCURRED							
CORONER'S REVIEW AREA	31a. INJURY AT WORK? ☐ Yes ☐ No		31b. IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other		31c. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify)		31d. LOCATION (Street or Route Number, City/Town, or County, and State)					
	CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed, Completed Items 26 and/or 30 (3) ☐ Reviewed, Amended and Certified											
REGISTRAR	32a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				32b. CORONER'S SIGNATURE				32c. DATE SIGNED (Month, Day, Year)			
	32d. DATE FILED (Month, Day, Year) May 21, 1990											

(STATE OF IDAHO)
(County of Bannock)

THIS IS TO CERTIFY that this is a true copy of a death certificate filed with the Idaho Department of Health and Welfare under Title 39, Idaho Code. The local Deputy State Registrar in the Southeastern District Health Department issued this copy with local registration number affixed under authority granted to the State Registrar (IDAPA 16.02.8150.02b). Copies of this certificate made at a later date may reflect legal amendments made subsequent to this issuance.

NOT VALID WITHOUT RAISED SEAL OF IDAHO STATE DEPARTMENT OF HEALTH AND WELFARE

[Signature]
Date Issued _____
State Registrar of Vital Statistics