

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed APRIL 06, 2004

State File No. 2004-02376

DECEDENT - LEGAL NAME DAVID MARK LYNN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 56 YEARS	DATE OF BIRTH NOVEMBER 30, 1947
BIRTHPLACE LONGVIEW, WASHINGTON		PLACE OF RESIDENCE EAGLE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) MARJORIE JOY MCKELLOP	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME CORBETT LYNN			BIRTHPLACE KENTUCKY
MOTHER - MAIDEN NAME LUCILLE DAMERON			BIRTHPLACE KENTUCKY
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE N. QUINN PETERSON	
NAME AND ADDRESS OF FUNERAL FACILITY SUMMERS FUNERAL HOME, BOISE, IDAHO			
DATE OF DEATH MAR. 31, 2004	TIME OF DEATH 1:10 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. BRAIN HERNIATION			Approximate Interval Between Onset and Death 1 DAY
b. DUE TO (or as a consequence of): BRAIN HEMORRHAGE			
c. DUE TO (or as a consequence of): 			
d. DUE TO (or as a consequence of): 			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER TIMOTHY JOHN JOHANS, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

QUERY INFORMATION ADDED 05/05/2004



This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: MAY 06, 2004

This copy is not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

Jane S. Smith
JANE S. SMITH
STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE