

CERTIFICATE OF VITAL RECORD

INSTRUMENT NO. **104801**
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STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
CERTIFICATE OF DEATH

Date Filed **JUNE 27, 2003**

State File No. **2003-04696**

DECEDENT - LEGAL NAME WILLIAM BRUCE BULLARD			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 51 YEARS	DATE OF BIRTH OCTOBER 29, 1951
BIRTHPLACE COTTONWOOD, ARIZONA		PLACE OF RESIDENCE MEADOWS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) BARBARA BUSH	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WILLIAM C. BULLARD			BIRTHPLACE NEBRASKA
MOTHER - MAIDEN NAME JEAN VALENS			BIRTHPLACE NEW JERSEY
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ROBERT E. THOMASON	
NAME AND ADDRESS OF FUNERAL FACILITY THOMASON FUNERAL HOME, INC., WEISER, IDAHO			
DATE OF DEATH JUNE 07, 2003	TIME OF DEATH APPROX 6:00 P.M.	CITY, TOWN OR LOCATION OF DEATH CAMBRIDGE, IDAHO	COUNTY OF DEATH WASHINGTON
CAUSE OF DEATH (underlying cause first) SEVERE CORONARY ARTERY DISEASE			Approximate Interval Between Onset and Death MONTHS
DUE TO (or as a consequence of): a. b. c. d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			
MANNER OF DEATH NATURAL		NAME OF CERTIFIER ROBERT E. THOMASON	TITLE CORONER
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			

Instrument # 104801

COUNCIL, ADAMS, IDAHO

2003-10-27 10:52:41 No. of Pages: 1

Recorded for : TIMBERLINE TITLE & ESCROW

MICHAEL FISK

Fee: 1.00

Ex-Officio Recorder Deputy

Index to: DEATH CERTIFICATE

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DATE ISSUED: JUNE 30, 2003

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

