

STATE OF IDAHO
CERTIFICATION OF VITAL RECORDSTATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

CERTIFICATE OF DEATH

Date Filed: DECEMBER 21, 2005State File No. 2005-09796

DECEDENT - LEGAL NAME SAH P. MCKINNEY			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 84 YEARS	DATE OF BIRTH FEBRUARY 20, 1921
BIRTHPLACE SALMON, IDAHO		PLACE OF RESIDENCE LEMHI, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, no/don name) BARBARA GREENWELL	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN SAMUEL MCKINNEY		BIRTHPLACE IDAHO	
MOTHER - MARDEN NAME LAURA WHITWELL		BIRTHPLACE IDAHO	
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE SHAUN O'REILLY	
NAME AND ADDRESS OF FUNERAL FACILITY SALMON RIVER FUNERAL CHAPEL, SALMON, IDAHO			
DATE OF DEATH NOV. 20, 2005	TIME OF DEATH 9:53 P.M.	CITY/TOWN OR LOCATION OF DEATH IDAHO FALLS, IDAHO	COUNTY OF DEATH BONNEVILLE
CAUSE OF DEATH (underlying cause last) SEPTIC SHOCK			Approximate Interval Between Onset and Death 2 WEEKS
DUE TO (or as a consequence of): PNEUMONIA			2 WEEKS
DUE TO (or as a consequence of): 			
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 DOUGLAS N. WHATMORE, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSE OF DEATH			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

74-269, 74-1583, 74-1583, 74-1593, 74-1597, 74-1598,
74-1599

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DATE ISSUED: DECEMBER 22, 2005

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JANE S. SMITH
STATE REGISTRAR