

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed MARCH 19, 2007

State File No. 2007-01990

DECEDENT - LEGAL NAME NAOMI CHRISTENSEN			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 86 YEARS	DATE OF BIRTH SEPTEMBER 29, 1920
BIRTHPLACE SHELLEY, IDAHO		PLACE OF RESIDENCE SHELLEY, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (If wife, maiden name) 	
FATHER - NAME STANLEY ALLEN LAWRENCE		BIRTHPLACE UTAH	
MOTHER - MAIDEN NAME KATHRYN ELLIOTT		BIRTHPLACE UTAH	
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE CRAIG L. GEARY	
NAME AND ADDRESS OF FUNERAL FACILITY NALDER'S FUNERAL HOME, SHELLEY, IDAHO			
DATE OF DEATH FEB. 25, 2007	TIME OF DEATH 2:30 P.M.	CITY/TOWN OR LOCATION OF DEATH SHELLEY, IDAHO	COUNTY OF DEATH BINGHAM
CAUSE OF DEATH (underlying cause last) a. MYOCARDIAL INFARCTION			Approximate Interval Between Onset and Death MINUTES
b. DUE TO (or as a consequence of): 			
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 KYLE B. LINDSAY		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 			

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: MARCH 20, 2007

This copy 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