

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
MAILED MAIL, SHALL BE USED AS PROOF OF THIS DEATH UNDER PENALTY OF PERJURY, IDAHO CODE

Local Reg. No. _____

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSE, THE CORPSE MUST BE COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include VA's if any) First, Middle, Last, Suffix: JAMES DANIEL FRANK		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 62 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNL 1 YEAR Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr): 10/30/1948	
	6. BIRTHPLACE (City and State Territory or Foreign Country): KELLOGG, IDAHO			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI	
	7c. CITY OR TOWN HAYDEN			
	7d. STREET AND NUMBER 1874 N. SHENANDOAH		7e. APT. NO. 83835	
	7f. INSIDE CITY LIMITS? ☒ Yes ☐ No		9. SURVIVING SPOUSE'S NAME (If wife give maiden name) CONNIE LYNN FRANK	
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No	
	11a. FATHER'S NAME (First, Middle, Last, Suffix): THOMAS JOHN FRANK		11b. BIRTHPLACE (State Territory, or Foreign Country): CANADA	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): MINERVA JANE DUNN		12b. BIRTHPLACE (State Territory or Foreign Country): IDAHO		
13a. INFORMANT'S NAME (Type or print): CONNIE LYNN FRANK		13b. RELATIONSHIP TO DECEDENT WIFE		
13c. MAILING ADDRESS (Street and Number, City, State Zip Code) 15874 N. SHENANDOAH DR. HAYDEN, ID 83835				
14. METHOD OF DISPOSITION ☒ Burial ☐ Donation ☐ Removal from Idaho ☐ Other (Specify): _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PINE GROVE CEMETERY RATHDRUM, IDAHO 83858		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY BELL TOWER FUNERAL HOME AND CREMATORY 3398 EAST JENALAN STREET POST FALLS, IDAHO 83854		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: ROBERT J. JOHNSTON		
17b. LICENSE NUMBER (Of licensee): M0558		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No		
19a. IF DEATH OCCURRED IN A HOSPITAL: PLACE OF DEATH (19-22) 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:				
20. FACILITY NAME (If not facility, give street and number): KOOTENAI MEDICAL CENTER				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814		22. COUNTY OF DEATH KOOTENAI		
23. DATE OF DEATH (Mo/Day/Yr) (Spell month): October 15, 2011		24. TIME OF DEATH (24hr): 14:30		
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): October 15, 2011		26. TIME PRONOUNCED DEAD (24hr): 14:30		
27. CAUSE OF DEATH PART I: Enter the <u>chain of events</u>—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line: IMMEDIATE CAUSE (Final disease or condition resulting in death): a. CARDIAC ARREST Sequitely list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death): b. SEVERE HYPOXIA c. IDIOPATHIC PULMONARY FIBROSIS EXACERBATION d. _____ PART II: Enter <u>other non-cont conditions contributing to death</u> but not resulting in the underlying cause given in Part I				
28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No		
29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 10-54) ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		
31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month): _____		
33. TIME OF INJURY (24hr): _____		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.): _____		
35. INJURY AT WORK? ☐ Yes ☒ No				
36. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____				
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED (if applicable)				
38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify): _____		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>cause(s)</u> stated		39b. LICENSE NUMBER M-11202		
☐ 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 stated.		39c. DATE SIGNED 10 / 17 / 2011 MM DD YYYY		
Signature and Title of Certifier: ELECTRONICALLY SIGNED: TODD C. HOOPMAN, M.D.				
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TODD C. HOOPMAN, 700 W. IRON WOOD DR. SUITE 338 COEUR D'ALENE, ID 83814				
40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 10 / 18 / 2011 MM DD YYYY		

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

DATE ISSUED:

OCT 18 2011

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

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

