

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

RECEIVED

MAR 07 2018

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
SOUTHERN/NORTHERN
CERTIFICATE OF DEATH

Date Filed OCTOBER 02, 2013

State File No. 2013-09023

DECEDENT - LEGAL NAME NANCY JEAN MATHESON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 69 YEARS	DATE OF BIRTH OCTOBER 26, 1943
BIRTH-PLACE SPOKANE, WASHINGTON		PLACE OF RESIDENCE POST FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) JOHN MATHESON	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WILLIAM R. CRANSTON			BIRTHPLACE WASHINGTON
MOTHER - MAIDEN NAME BETTY JEAN WILLARD			BIRTHPLACE KANSAS
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE ROGER P. ARGO	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., POST FALLS, IDAHO			
DATE OF DEATH SEPT. 28, 2013	TIME OF DEATH 4:10 P.M.	CITY, TOWN OR LOCATION OF DEATH POST FALLS, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) PANCREATIC ADENOCARCINOMA			Approximate Interval Between Onset and Death 1 YEAR
DUE TO (or as a consequence of): b.			
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above LUNG CANCER			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER ERIC A. SOHN, M.D.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	INJURY AT WORK?	
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

TO UPDATE

95-8412

95-14263

95-14264

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SOUTHERN/NORTH

Thanks

John Matheson

This is a true and correct reproduction of the on file with the IDAHO BUREAU OF VITAL RECORDS

OCTOBER 02

DATE ISSUED:

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

PHENCO (Rev) 8/2/12

