

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

RECEIVED

MAR 07 2018

IDWR/NORTHERN

STATE OF IDAHO

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

95-14130

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHOULD BE USED AS PROOF OF DEATH FOR THE PURPOSES OF THE IDAHO DEPARTMENT OF HEALTH AND WELFARE.

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) EURSEL METCALF		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 84 (Years)		4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0		4c. UNDER 1 DAY Hours: 0 Minutes: 0 Seconds: 0	
TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN	5. DATE OF BIRTH (Mo/Day/Yr) 11/11/1930		6. BIRTHPLACE (City and State, Territory, or Foreign Country) PRYSE, KENTUCKY			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN COEUR D'ALENE	
FOR INSTRUCTIONS SEE HANDBOOKS	7d. STREET AND NUMBER 9055 W. DRIFTWOOD DR.		7e. APT. NO. 83814		7f. ZIP CODE 83814	
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) RUBY DRAXTON			
PARENTS	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) CHESTER METCALF		11b. BIRTHPLACE (State, Territory, or Foreign Country) KENTUCKY	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LILLY K HORN		12b. BIRTHPLACE (State, Territory, or Foreign Country) KENTUCKY			
INFORMANT	13a. INFORMANT'S NAME (Type or print) RUBY METCALF		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 9055 W. DRIFTWOOD DR. COEUR D'ALENE, ID 83814	
	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) NORTH IDAHO CREMATORY 1133 N. 4TH STREET COEUR D'ALENE, IDAHO 83814		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL - PF 1700 NORTH SPOKANE STREET POST FALLS, IDAHO 83854	
DISPOSITION	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DARIN R. BUTTERFIELD		17b. LICENSE NUMBER (Of licensee) M1087		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OCA ☒ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: COEUR D'ALENE, ID 83815			
PLACE OF DEATH	20. FACILITY NAME (If not facility, give street and number) HOSPICE HOUSE - HOSPICE OF NORTH IDAHO		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83815		22. COUNTY OF DEATH KOOTENAI	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) April 3, 2015		24. TIME OF DEATH (24hr) 15:29		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 3, 2015	
CAUSE OF DEATH	26. TIME PRONOUNCED DEAD (24hr) 15:29		27. CAUSE OF DEATH			
	PART I. Enter the chain of events—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. METASTATIC DISEASE DUE TO (or as a consequence of): b. PANCREATIC CANCER DUE TO (or as a consequence of): c. [REDACTED] DUE TO (or as a consequence of): d. [REDACTED]				Approximate Interval: Onset to Death UNKNOWN UNKNOWN	
DATE OF DEATH	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I N/A		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 ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined	
CAUSE OF DEATH	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) April 3, 2015		33. TIME OF INJURY (24hr) 15:29		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
	35. LOCATION OF INJURY: State: [REDACTED] City/Town or County: [REDACTED] Zip Code: [REDACTED] Street and Number or Location: [REDACTED] Apartment Number: [REDACTED]		36. 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 [REDACTED]			
ITEMS 32-36 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	37. TRANSPORTATION: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) [REDACTED]		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		39. INJURY AT WORK? ☐ Yes ☒ No	
	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 natural cause(s)/manner stated. ☐ 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. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D. 39b. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) ROBERT A. ANCKER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83835		39c. LICENSE NUMBER M-09371		39d. DATE SIGNED 4 / 6 / 2015 MM DD YYYY	
CERTIFIER	40a. REGISTRAR'S SIGNATURE [REDACTED]		40b. DATE SIGNED 4 / 7 / 2015 MM DD YYYY			
	40c. REGISTRAR'S SIGNATURE [REDACTED]		40d. DATE SIGNED 4 / 7 / 2015 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: **APR 07 2015**

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

JAMES B. AYDELOTTE
STATE REGISTRAR