

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

CERTIFICATE OF DEATH

Date Filed MARCH 02, 2017

State File No. 2017-02266

DECEDENT - LEGAL NAME

ROBERT ALLEN DEWITT

SEX

MALE

SOCIAL SECURITY NUMBER

[REDACTED]

AGE

71 YEARS

DATE OF BIRTH

APRIL 15, 1945

BIRTHPLACE

LONG BEACH, CALIFORNIA

PLACE OF RESIDENCE

RATHDRUM, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (If wife, maiden name)

CHARLEEN JONES

WAS DECEDENT EVER IN
U.S. ARMED FORCES?

YES

FATHER - NAME

ROBERT DEWITT

BIRTHPLACE

UNKNOWN/NOT STATED

MOTHER - MAIDEN NAME

UNKNOWN TUTHILL

BIRTHPLACE

UNKNOWN/NOT STATED

METHOD OF DISPOSITION

CREMATION

FUNERAL SERVICE LICENSEE

ANDREW ADAMS

NAME AND ADDRESS OF FUNERAL FACILITY

ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO

DATE OF DEATH

FEB. 25, 2017

TIME OF DEATH

8:25 P.M.

CITY, TOWN OR LOCATION OF DEATH

COEUR D'ALENE, IDAHO

COUNTY OF DEATH

KOOTENAI

CAUSE OF DEATH (underlying cause last)

^a HYPOXIC RESPIRATORY FAILURE

Approximate Interval Between
Onset and Death

2 DAYS

DUE TO (or as a consequence of):

^b EXPANDING ASCITES

WEEKS

DUE TO (or as a consequence of):

^c LIVER CIRRHOSIS

MONTHS

DUE TO (or as a consequence of):

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not ranking as the underlying cause given above

RECENT RESPIRATORY SYNCYTIAL VIRUS INFECTION

WAS AN AUTOPSY
PERFORMED?

NO

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

ROBERT A. ANCKER, M.D.

TITLE

PHYSICIAN

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY!

EXTERNAL CAUSES ONLY

DATE OF INJURY

TIME OF INJURY

PLACE OF INJURY

WAS AT
WORK?

LOCATION WHERE INJURY OCCURRED

DESCRIPTION OF HOW INJURY OCCURRED

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MARCH 10, 2017

DATE ISSUED:

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JAMES B. AYDELOTTE
STATE REGISTRAR

