

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

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

Date Filed OCTOBER 04, 2016

State File No. 2016-09810

DECEDENT - LEGAL NAME BENITA LORRAINE LARSEN			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 69 YEARS	DATE OF BIRTH JULY 24, 1947
BIRTHPLACE SPOKANE, WASHINGTON		PLACE OF RESIDENCE RATHDRUM, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) JACK LARSEN	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME BENJAMIN WESTPHAL			BIRTHPLACE NORTH DAKOTA
MOTHER - MAIDEN NAME MARIE LINDSEY			BIRTHPLACE IDAHO
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 OCT. 01, 2016	TIME OF DEATH 7:35 P.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. ANOXIC ENCEPHALOPATHY			Approximate Interval Between Onset and Death 1 DAY
DUE TO (or as a consequence of) b. HEMORRHAGIC SHOCK			1 DAY
DUE TO (or as a consequence of) c. ACUTE BLOOD LOSS ANEMIA			2 DAYS
DUE TO (or as a consequence of) d. LEG HEMATOMA			DAYS
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above DEEP VEIN THROMBOSIS, LUNG CARCINOMA			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	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

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DATE ISSUED: OCTOBER 04, 2016

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

