

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

RECEIVED

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

APR 16 2018

CERTIFICATE OF DEATH

Date Filed MAY 26, 2017

State File No. 2017-05552

DECEDENT - LEGAL NAME ARTHUR RICHARD TRENKLE			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 77 YEARS	DATE OF BIRTH MAY 27, 1939
BIRTHPLACE MINEOLA, NEW YORK		PLACE OF RESIDENCE COEUR D'ALENE, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) SUSAN FOLKERT	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME WALTER TRENKLE		BIRTHPLACE NEW YORK	
MOTHER - MAIDEN NAME JOSEPHINE SEMANICK		BIRTHPLACE NEW YORK	
METHOD OF DISPOSITION BURIAL	FUNERAL SERVICE LICENSEE ANDREW ADAMS		
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., POST FALLS, IDAHO			
DATE OF DEATH MAY 24, 2017	TIME OF DEATH 6:20 A.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. LEUKEMIA		Approximate Interval Between Onset and Death 2 WEEKS	
DUE TO (or as a consequence of): b. MDS		18 MONTHS	
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 LYMPHOMA			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER LISA GRACE MARIE BREISACHER, N.		TITLE A.P.R.N.
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			

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: MAY 26, 2017

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

PSNCO (Rev) 1/15

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE