

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

RECEIVED
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95-15816

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THE DEATH UNDER IDAHO AND 38-271, IDEC 2008

Local Reg. No.

IDWR / N 1000

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORNER MUST BE COMPLETE AND SIGN THE CERTIFICATE. REGISTRAR	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) WILLIAM WARREN NIXON 2. SEX MALE 3. SOCIAL SECURITY NUMBER [REDACTED] 4a. AGE-Last Birthday 82 (Years) 4b. UNDER 1 YEAR Months: _____ Days: _____ Hours: _____ Minutes: _____ 4c. UNDER 1 DAY Hours: _____ Minutes: _____ 5. DATE OF BIRTH (Mo/Day/Yr) 02/12/1932 6. BIRTHPLACE (City and State, Territory, or Foreign Country) PAYETTE, IDAHO 7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO 7b. COUNTY KOOTENAI 7c. CITY OR TOWN COEUR D'ALENE 7d. STREET AND NUMBER 2089 S. SILVER BEACH RD. 7e. APT. NO. 83814 7f. ZIP CODE 83814 7g. INSIDE CITY LIMITS? ☐ Yes ☒ No 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) JUDITH KELLER 10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No 11a. FATHER'S NAME (First, Middle, Last, Suffix) WILLIAM J. NIXON 11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) EVA J. WILSON 12b. BIRTHPLACE (State, Territory, or Foreign Country) MONTANA 13a. INFORMANT'S NAME (Type or print) JUDITH NIXON 13b. RELATIONSHIP TO DECEDENT SPOUSE 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 2089 S. SILVER BEACH RD. COEUR D'ALENE, ID 83814 14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____ 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER 17b. LICENSE NUMBER (Of licensee) M0943 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No 19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Facility name (if not facility, give street and number) _____ 20. FACILITY NAME (if not facility, give street and number) KOOTENAI HEALTH 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814 22. COUNTY OF DEATH KOOTENAI 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 27, 2014 24. TIME OF DEATH (24hr) 14:59 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 27, 2014 26. TIME PRONOUNCED DEAD (24hr) 14:59 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. WITNESSED CARDIAC ARREST DUE TO (or as a consequence of): b. CARDIOVASCULAR DISEASE DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. Approximate interval: Onset to Death MINUTES YEARS PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: PREVIOUS CVA WITH COMMUNICATIONS PROBLEMS 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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) [REDACTED] 33. TIME OF INJURY (24hr) [REDACTED] 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED] 35. INJURY AT WORK? ☐ Yes ☒ No 36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 37. 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 TRANSPORTATION: 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Injury only ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown 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. 39b. LICENSE NUMBER [REDACTED] 39c. DATE SIGNED 12 / 5 / 2014 MM DD YYYY Signature and Title of Certifier ELECTRONICALLY SIGNED: KENNETH L. COLLIER 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KENNETH L. COLLIER, 1808 N. 3RD COEUR D'ALENE, ID 83814 40a. REGISTRAR'S SIGNATURE James B. Gaydelotte 40b. DATE SIGNED 12 / 8 / 2014 MM DD YYYY
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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: DEC 08 2014

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

JAMES B. AYDELOTTE
STATE REGISTRAR

