

May 18, 2018

State of Idaho
Department of Water Resources

Dawn R Lenon
Technical Records Specialist 1

RE: Removal of Donald Ziegler 95-10619

Dear Dawn Lenon:

As per your request enclosed please find a copy of Donald Ziegler's Certificate of Death. If you need anything else please let me know.

Thank You,


Carol L. Ziegler

RECEIVED
MAY 23 2018
IDWR / NORTH

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

RECEIVED

MAY 23 2018

Date Filed **MARCH 08, 2012**State File No. **2012-02045**

DECEDENT - LEGAL NAME

DONALD LEE ZIEGLER

SEX

MALE

SOCIAL SECURITY NUMBER

[REDACTED]

AGE

75 YEARS

DATE OF BIRTH

JANUARY 12, 1937

BIRTHPLACE

ST. JOSEPH, MISSOURI

PLACE OF RESIDENCE

RATHDRUM, IDAHO

MARITAL STATUS AT TIME OF DEATH

MARRIED

NAME OF SURVIVING SPOUSE (If wife, maiden name)

CAROL COPELANDWAS DECEDENT EVER IN
U.S. ARMED FORCES?**YES**

FATHER - NAME

FRITZ ZIEGLER

BIRTHPLACE

MISSOURI

MOTHER - MAIDEN NAME

ELMIRA JANE HARRIS

BIRTHPLACE

MISSOURI

METHOD OF DISPOSITION

REMOVAL FROM STATE

FUNERAL SERVICE LICENSEE

JULIE ANDERSON

NAME AND ADDRESS OF FUNERAL FACILITY

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

DATE OF DEATH

MAR. 06, 2012

TIME OF DEATH

11:05 A.M.

CITY, TOWN OR LOCATION OF DEATH

COEUR D'ALENE, IDAHO

COUNTY OF DEATH

KOOTENAI

CAUSE OF DEATH (underlying cause last)

a. ASPIRATION PNEUMONIAApproximate Interval Between
Onset and Death**4 DAYS**

DUE TO (or as a consequence of):

b. PARKINSONS DISEASE**3 YEARS**

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

NONE STATEDWAS AN AUTOPSY
PERFORMED?**NO**

MANNER OF DEATH

NATURAL

NAME OF CERTIFIER

NEIL L. NEMEC, M.D.

TITLE

PHYSICIAN

CORONER SUBSEQUENT CERTIFICATION IF NECESSARY

EXTERNAL CAUSE 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: **MARCH 08, 2012**This copy not valid unless prepared on engraved border
displaying state seal and signature of the Registrar.**JAMES B. AYDELOTTE**
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE