

STATE OF IDAHO BUREAU OF VITAL RECORDS

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

Date Filed MAY 17, 2018

State File No. 2018-05319

DECEDENT - LEGAL NAME LIONEL ADAM DOBLER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 74 YEARS	DATE OF BIRTH DECEMBER 20, 1943
BIRTHPLACE FORSYTH, MONTANA		PLACE OF RESIDENCE POST FALLS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (if wife, maiden name) VERA FAY BUCKALEW	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME CHRISTIAN DOBLER			BIRTHPLACE RUSSIA
MOTHER - MAIDEN NAME IRMA LUCY CROSSMAN			BIRTHPLACE SOUTH DAKOTA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE HEATHER R. SHEFFIELD	
NAME AND ADDRESS OF FUNERAL FACILITY ENGLISH FUNERAL CHAPEL, INC., COEUR D'ALENE, IDAHO			
DATE OF DEATH MAY 14, 2018	TIME OF DEATH 4:08 P.M.	CITY, TOWN OR LOCATION OF DEATH COEUR D'ALENE, IDAHO	COUNTY OF DEATH KOOTENAI
CAUSE OF DEATH (underlying cause last) a. ACUTE ON CHRONIC HYPOXEMIC RESPIRATORY FAILURE			Approximate Interval Between Onset and Death 7 DAYS
DUE TO (or as a consequence of): b. ANEMIA			WEEKS
DUE TO (or as a consequence of): c. GASTROINTESTINAL BLEED WITH THROMBOCYTOPENIA			1 MONTH
DUE TO (or as a consequence of): d. DUODENAL ULCER WITH VALENTINO SYNDROME			1 MONTH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above END STAGE RENAL DISEASE; ATRIAL FIBRILLATION; MICROSCOPIC POLYANGIITIS			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER LISA GRACE MARIE BREISACHER, N.P.		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			

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DATE ISSUED: MAY 17, 2018

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE