

**Roda, Evan**

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**From:** Arnold Shelton <turbokid684@gmail.com>  
**Sent:** Wednesday, June 06, 2018 5:41 PM  
**To:** Roda, Evan  
**Subject:** Shelton death cert  
**Attachments:** Jackie Shelton Death Cert..pdf

**RECEIVED**

**JUN 06 2018**

**IDWR/NORTHERN**

Hello Evan. Here is my wife's death cert.

Arnold Shelton

**SCANNED**

**JUN 11 2018**

# STATE OF IDAHO CERTIFICATION OF VITAL RECORD

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

### State of Idaho CERTIFICATE OF DEATH

THIS IS A COPY OF THE ORIGINAL, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE. IT IS NOT TO BE USED AS A FINAL PROOF OF THE DEATH UNDER SECTION 15-201, IDAHO CODE.

Local Reg. No.

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| <p><b>DECEDENT</b></p> <p>TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FINE TIP PEN.</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS.</p> <p><b>INFORMANTS</b></p> <p><b>DISPOSITION</b></p> <p><b>PLACE OF DEATH</b></p> <p><b>DATE OF DEATH</b></p> <p><b>CAUSE OF DEATH</b></p> <p><b>INJURY</b></p> <p><b>REGISTRAR</b></p> | <p><b>1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix)</b><br/>JACQUELYN ANNE SHELTON</p> <p><b>2. SEX</b><br/>FEMALE</p> <p><b>3. SOCIAL SECURITY NUMBER</b><br/>[REDACTED]</p> <p><b>4a. AGE-Last birthday</b><br/>57 (Years)</p> <p><b>4b. UNDER 1 YEAR</b><br/>Months: Days: Hours: Minutes:</p> <p><b>4c. UNDER 1 DAY</b><br/>Hours: Minutes:</p> <p><b>4. DATE OF BIRTH (Mo/Day/Yr)</b><br/>08/14/1959</p> <p><b>5. BIRTHPLACE (City and State, Territory, or Foreign Country)</b><br/>OWOSSO, MICHIGAN</p> <p><b>7a. RESIDENCE - STATE OR FOREIGN COUNTRY</b><br/>IDAHO</p> <p><b>7b. COUNTY</b><br/>SHOSHONE</p> <p><b>7c. CITY OR TOWN</b><br/>WALLACE</p> <p><b>7d. STREET AND NUMBER</b><br/>21 MAIN AVE</p> <p><b>7e. APT. NO.</b><br/>[REDACTED]</p> <p><b>7f. ZIP CODE</b><br/>83873</p> <p><b>7g. INSIDE CITY LIMITS?</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>8. MARITAL STATUS AT TIME OF DEATH</b><br/><input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown</p> <p><b>9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)</b><br/>ARNOLD SHELTON</p> <p><b>10. EVER IN U.S. ARMED FORCES?</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>11a. FATHER'S NAME (First, Middle, Last, Suffix)</b><br/>JACK BOOMER</p> <p><b>11b. BIRTHPLACE (State, Territory, or Foreign Country)</b><br/>MICHIGAN</p> <p><b>12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)</b><br/>HARRIET SANDERS</p> <p><b>12b. BIRTHPLACE (State, Territory, or Foreign Country)</b><br/>MICHIGAN</p> <p><b>13a. INFORMANT'S NAME (Type or print)</b><br/>ARNOLD SHELTON</p> <p><b>13b. RELATIONSHIP TO DECEDENT</b><br/>SPOUSE</p> <p><b>13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)</b><br/>21 MAIN AVE WALLACE, ID 83873</p> <p><b>14. METHOD OF DISPOSITION</b><br/><input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify):</p> <p><b>15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)</b><br/>YATES CREMATORY<br/>744 NORTH FOURTH STREET<br/>COEUR D'ALENE, IDAHO 83814</p> <p><b>16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY</b><br/>YATES FUNERAL HOME<br/>744 NORTH FOURTH STREET<br/>COEUR D'ALENE, IDAHO 83814</p> <p><b>17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH</b><br/>ELECTRONICALLY FILED: WILLIAM B. TOLLIVER</p> <p><b>17b. LICENSE NUMBER (Of licensee)</b><br/>M0943</p> <p><b>18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH?</b><br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>19a. IF DEATH OCCURRED IN A HOSPITAL</b><br/><input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify):</p> <p><b>19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL</b><br/>HOSPICE HOUSE - HOSPICE OF NORTH IDAHO</p> <p><b>20. FACILITY NAME (If not facility, give street and number)</b><br/>COEUR D'ALENE, ID 83816</p> <p><b>21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE</b><br/>KOOTENAI</p> <p><b>22. COUNTY OF DEATH</b><br/>KOOTENAI</p> <p><b>23. DATE OF DEATH (Mo/Day/Yr) (Specify month)</b><br/>September 27, 2016</p> <p><b>24. TIME OF DEATH (24hr)</b><br/>00:50</p> <p><b>25. DATE FOR INQUIRY DEAD (Mo/Day/Yr) (Specify month)</b><br/>September 27, 2016</p> <p><b>26. TIME &amp; PHONONUMBER DEAD (24hr)</b><br/>00:50</p> <p><b>27. CAUSE OF DEATH</b><br/>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.<br/>IMMEDIATE CAUSE (Final disease or condition resulting in death)<br/>a. METASTATIC DISEASE<br/>b. DUE TO (or as a consequence of):<br/>ADENOCARCINOMA OF SUSPECTED GASTROINTESTINAL ORIGIN<br/>c. DUE TO (or as a consequence of):<br/>d. DUE TO (or as a consequence of):</p> <p>Approximate Time Interval Onset to Death<br/>UNKNOWN<br/>UNKNOWN</p> <p>PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.<br/>28. DID TOBACCO USE CONTRIBUTE TO DEATH?<br/><input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>29. IF FEMALE (Aged 10-44):<br/><input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year</p> <p>30. WAS AN AUTOPSY PERFORMED?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>31. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>32. DATE OF INJURY (Mo/Day/Yr) (Specify month)</p> <p>33. TIME OF INJURY (24hr)</p> <p>34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)</p> <p>35. INJURY AT WORK?<br/><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>36. LOCATION OF INJURY: State: City/Town or County: Zip Code:</p> <p>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</p> <p>38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify):</p> <p>38b. WHAT SAFETY DEVICES (IF ANY) DECEDENT USED/EMPLOYED?<br/><input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown</p> <p>39. CERTIFIER (Check only one, based on official capacity for this certificate)<br/><input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER<br/>To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.</p> <p>39a. LICENSE NUMBER<br/>M-09371</p> <p>39b. DATE SIGNED<br/>9 / 29 / 2016<br/>MM DD YYYY</p> <p>Signature and Title of Certifier, P.: ELECTRONICALLY SIGNED: ROBERT A. ANCKER, M.D.</p> <p>39c. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)<br/>ROBERT A. ANCKER, 9493 NORTH GOVERNMENT WAY HAYDEN, ID 83836</p> <p>40a. REGISTRAR'S SIGNATURE<br/>James B. Aydelotte</p> <p>40b. DATE SIGNED<br/>9 / 30 / 2016<br/>MM DD YYYY</p> |
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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: SEP 30 2016

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

PRNCO (Rev) 1/15

JAMES B. AYDELOTTE  
STATE REGISTRAR

SCANNED  
JUN 11 2018

