

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

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STATE OF IDAHO

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

95-8770

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 DEATH FOR ANY PURPOSES OTHER THAN FOR THE DEEDING OF REAL ESTATE.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE PENCIL TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4">1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) JOHN BERNARD FLUME</td> <td colspan="2">2. SEX MALE</td> <td colspan="2">3. SOCIAL SECURITY NUMBER [REDACTED]</td> </tr> <tr> <td colspan="2">4a. AGE-Last Birthday 84 (Years)</td> <td colspan="2">4b. UNDER 1 YEAR Months _____ Days _____</td> <td colspan="2">4c. UNDER 1 DAY Hours _____ Minutes _____</td> <td colspan="2">5. DATE OF BIRTH (Mo/Day/Yr) 11/23/1931</td> </tr> <tr> <td colspan="4">6. 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IF FEMALE (Aged 10-54): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year 30. DATE OF INJURY (Mo/Day/Yr) (Spell month) 31. TIME OF INJURY (24hr) 32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, hotel, etc.) 33. INJURY AT WORK? ☐ Yes ☐ No 34. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____ 35. 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. 36a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 36b. 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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: **OCT 13 2016**

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

