

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

(Only a copy of this document, certified by the state registrar with the department of health and welfare, is valid for legal purposes. It is not to be used as proof of death.)

Local Reg. No.

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS.	DECEASED 1. DECEASED'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LINO MATTHEW CONDOTTA		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE Last Birthday 98 (Years)		4b. UNDER 1 YEAR Months: 00 Days: 00 Hours: 00 Minutes: 00		5. DATE OF BIRTH (Mo/Day/Yr) 12/20/1921	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) MISSOULA, MONTANA					
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH		7c. CITY OR TOWN MOSCOW	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7d. STREET AND NUMBER 640 N. EISENHOWER		7e. APT. NO. 304		7f. ZIP CODE 83843	
	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) _____			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) ANGELO CONDOTTA		11b. BIRTHPLACE (State, Territory, or Foreign Country) ITALY	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ANGELINA MARCANATO		12b. BIRTHPLACE (State, Territory, or Foreign Country) ITALY			
INFORMANT: Complete/Verify and File Within 5 Days of Death	13a. INFORMANT'S NAME (Type or print) MARVIN CONDOTTA		13b. RELATIONSHIP TO DECEASED SON		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 15785 W. REMINGTON DR. SURPRISE, AZ 85374	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Reinterment ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) MOSCOW CEMETERY MOSCOW, IDAHO 83843		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHORT'S FUNERAL CHAPEL 1225 EAST SIXTH STREET MOSCOW, IDAHO 83843	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: PHILLIP N. HUTTON		17b. LICENSE NUMBER (If license) M1295		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	PLACE OF DEATH 19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/long term care facility ☒ Decedent's home ☐ Other (Specify) _____		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (If not facility, give street and number) 640 N. EISENHOWER APT 304			
DATE OF DEATH CAUSE OF DEATH	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE MOSCOW, ID 83843		22. COUNTY OF DEATH LATAH			
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 13, 2020		24. TIME OF DEATH (24hr) 19:15		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 13, 2020	
	26. TIME PRONOUNCED DEAD (24hr) 19:15					
	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. CHF DUE TO (or as a consequence of): b. _____ DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____					
ITEMS 22-26 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHRONIC KIDNEY DISEASE; HYPERTENSION					
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. 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 the past year ☐ Unknown if pregnant within the past year		28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No	
	31. MANNER OF DEATH: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Could not be determined					
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		33. TIME OF INJURY (24hr) _____		34. PLACE OF INJURY (Decedent's home, taxi, street, construction site, nursing home, restaurant, forest, etc.) _____	
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	35. LOCATION OF INJURY: State: _____ City/Town or County: _____ Zip Code: _____ Street and Number or Location: _____ Apartment Number: _____		36. INJURY AT WORK? ☐ Yes ☒ No			
	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 DECEASED OCCUPIED, IF APPLICABLE. TRANSPORTATION INJURY ONLY: 38a. WAS DECEASED: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICES DID DECEASED 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 REGISTERED NURSE To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) stated.		39b. LICENSE NUMBER M-09266			
	39c. DATE SIGNED 8 / 15 / 2020 MM DD YYYY					
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Aydelotte		40b. DATE SIGNED 8 / 19 / 2020 MM DD YYYY			

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: **AUG 19 2020**

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]