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STATE OF IDAHO

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

State of Idaho CERTIFICATE OF DEATH

87-11800

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PROOF OF THIS DEATH UNDER ICR 16.01 AND 16.02. Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) DUANE DARRELL PARR		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 84 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 05/20/1936	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH	
	7c. CITY OR TOWN MOSCOW		7d. STREET AND NUMBER 702 PUBLIC AVE	
PARENTS	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) JOYCE CONE	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) HARRY LLOYD PARR		11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
INFORMANT	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) SELMA BERTHA MUELLER		12b. BIRTHPLACE (State, Territory, or Foreign Country) MINNESOTA	
	13a. INFORMANT'S NAME (Type or print) JOYCE PARR		13b. RELATIONSHIP TO DECEDENT WIFE	
DISPOSITION	14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) WHEATLAND CREMATORY SOUTH 905 GRAND AVE PULLMAN, WASHINGTON 99163	
	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: DAVE L. HUTTON	
PLACE OF DEATH	17b. LICENSE NUMBER (Of licensee) M0651		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ OOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify)			
DATE OF DEATH	20. FACILITY NAME (If not facility, give street and number) 702 PUBLIC AVE.		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) April 7, 2021	
CAUSE OF DEATH	24. TIME OF DEATH (24hr) 06:50		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) April 7, 2021	
	26. TIME PRONOUNCED DEAD (24hr) 06:50		27. 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. DIFFUSE LARGE B CELL LYMPHOMA DUE TO (or as a consequence of): b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of): PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: CHRONIC KIDNEY DISEASE	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No	
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ 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 ☐ Unknown if pregnant within the past year	
CERTIFIER: Complete Within 72 Hours of Death	31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ 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, farm, street, construction site, nursing home, restaurant, forest, etc.)	
CERTIFIER	35. INJURY AT WORK? ☐ Yes ☒ No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____	
	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			
REGISTRAR	38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT 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 natural cause(s) manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: ELIZABETH L. BLACK, M.D.		39b. LICENSE NUMBER M-09634	
REGISTRAR	39c. DATE SIGNED 4 / 9 / 2021 MM DD YYYY		40a. REGISTRAR'S SIGNATURE This is a true and correct reproduction of <i>James B. Aydelotte</i> as duly registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.	
	40b. DATE SIGNED 4 / 9 / 2021 MM DD YYYY		40c. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i> JAMES B. AYDELOTTE STATE REGISTRAR	

DATE ISSUED:

APR 09 2021

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

