

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

RECEIVED
MAY 27 2021

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, COUNTERSIGNED BY THE STATE REGISTRAR WHEN THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PROOF OF EVIDENCE OF THE DEATH UNDER §§24-2104 AND §§24-2104.04, IDAHO CODE.

Local Reg. No.

IDWR / NORTH

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last, Suffix) ROBERT LEROY HUHTA		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE - Last Birthday 73 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 09/24/1945		6. BIRTHPLACE (City and State, Territory, or Foreign Country) DEADWOOD, SOUTH DAKOTA	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY LATAH		7c. CITY OR TOWN MOSCOW	
	7d. STREET AND NUMBER 3462 FOOTHILL ROAD		7e. APT. NO. 83843		7f. ZIP CODE 83843	
8. MARRIAGE STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown	9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) TERRY JOHNSON					
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No					
	11a. FATHER'S NAME (First, Middle, Last, Suffix) OSWALD THOMAS HUHTA					
	11b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN					
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) MARION K. GRANDSTAFF	12b. BIRTHPLACE (State, Territory, or Foreign Country) UNKNOWN					
	13a. INFORMANT'S NAME (Type or print) TERRY JOHNSON - HUHTA					
	13b. RELATIONSHIP TO DECEDENT WIFE					
	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3462 FOOTHILL ROAD MOSCOW, ID 83843					
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					
	17b. LICENSE NUMBER (Of licensee) M0651					
18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ OOA					
	19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Hospice facility ☐ Nursing home/long term care facility ☐ Decedent's home ☐ Other (Specify)					
	20. FACILITY NAME (if not facility, give street and number) GRITMAN MEDICAL CENTER					
	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 11, 2019					
	24. TIME OF DEATH (24hr) 03:00					
	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 11, 2019					
	26. TIME PRONOUNCED DEAD (24hr) 03:00					
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. HEPATOMA DUE TO (or as a consequence of) b. LIVER CIRRHOSIS DUE TO (or as a consequence of) c. _____ DUE TO (or as a consequence of) d. _____						
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I: 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 42 days of death ☐ Unknown if pregnant within the past year 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, farm, street, construction site, nursing home, restaurant, forest, etc.) _____ 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						
TRANSPORTATION INJURY ONLY: ☐ Pedestrian ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____ 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Other (Specify) _____ 38b. WHAT SAFETY DEVICE(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 cause(s) and 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: MUSA MODAD, M.D.						
39b. LICENSE NUMBER M-12814 39c. DATE SIGNED 8 / 15 / 2019 MM DD YYYY						
40a. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 8 / 15 / 2019 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 15 2019

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

JAMES B. AYDELOTTE
STATE REGISTRAR

