

complete 6/24/2021
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RECEIVED

June 15, 2021

JUN 21 2021

Department of Water Resources
Eastern Region

Please remove Bessie Hathhorn's
name from water Right # 74-15977.

Raymond Hathhorn
7 River Vista Lane
Salmon, ID 83467

Dyned Hathhorn

6-15-21

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, RAISED SEAL, SHALL BE USED AS PROOF OF DEATH UNDER 190-2414 AND 190-2415, IDAHO CODE

Local Reg. No.

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's (if any) (First, Middle, Last, Suffix)) BESSIE MAE HATHHORN				2. SEX FEMALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 81 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____		4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 08/22/1937	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO				7b. COUNTY LEMHI		6. BIRTHPLACE (City and State, Territory, or Foreign Country) SALMON, IDAHO	
	7c. CITY OR TOWN SALMON				7d. APT. NO. 83467		7e. INSIDE CITY LIMITS? ☐ Yes ☒ No	
PARENTS	7f. STREET AND NUMBER 17 RIVER VISTA LANE				9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) RAYMOND HATHHORN			
	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown				11b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
INFORMANT	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No				12a. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
	11a. FATHER'S NAME (First, Middle, Last, Suffix) CHARLES HENRY MALCOLM				12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO			
DISPOSITION	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) BESSIE LAVERN LISH				13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 17 RIVER VISTA LANE SALMON, ID 83467			
	13a. INFORMANT'S NAME (Type or print) RAYMOND HATHHORN				13b. RELATIONSHIP TO DECEDENT HUSBAND			
PLACE OF DEATH	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____				15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) SALMON CEMETERY SALMON, IDAHO 83467			
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY PARKE'S MAGIC VALLEY FUNERAL HOME 2551 KIMBERLY ROAD TWIN FALLS, IDAHO 83301				17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: MICHAEL D. PARKE			
DATE OF DEATH	17b. LICENSE NUMBER (C/Licensee) M0799				18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No			
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DCA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Facility name (if not facility, give street and number) 17 RIVER VISTA LANE			
CAUSE OF DEATH	20. FACILITY NAME (if not facility, give street and number) 17 RIVER VISTA LANE				21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE SALMON, ID 83467			
	22. COUNTY OF DEATH LEMHI				23. DATE OF DEATH (Mo/Day/Yr) (Spell month) December 14, 2018			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	24. TIME OF DEATH (24hr) 18:30				25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) December 14, 2018			
	26. TIME PRONOUNCED DEAD (24hr) 20:30				27. CAUSE OF DEATH			
CERTIFIER: Complete Within 72 Hours 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. PULMONARY HYPERTENSION DUE TO (or as a consequence of) b. LUNG CANCER DUE TO (or as a consequence of) c. _____ DUE TO (or as a consequence of) d. _____				Approximate Time Interval Onset to Death 3 YEARS 10 YEARS			
	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 ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year			
IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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.) _____			
REGISTRAR	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 ☐ Other (Specify) _____				38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety devices 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 ☐				39b. LICENSE NUMBER O-00174			
	CORONER ☒ To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. 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: SAMUEL D. GARDNER, D.O.				39c. DATE SIGNED 12 / 18 / 2018 MM DD YYYY			
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)	SAMUEL D. GARDNER, PO BOX 2064 SALMON, ID 83467				40a. REGISTRAR'S SIGNATURE James B. Aydelotte			
					40b. DATE SIGNED 12 / 19 / 2018 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: **DEC 19 2018**

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





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STATE OF IDAHO County of Twin Falls

**This copy of a death certificate was issued
by the District Health Department on behalf
of the Bureau of Vital Records and Health
Statistics.**


Local Vital Statistics Registration Official



State of Idaho

DEPARTMENT OF WATER RESOURCES

Eastern Region • 900 N SKYLINE DR STE A • IDAHO FALLS, ID 83402-1718
Phone: (208)525-7161 • Fax: (208)525-7177 • Website: www.idwr.idaho.gov

Brad Little
Governor

Gary Spackman
Director

June 24, 2021

RAYMOND HATHHORN
7 RIVER VISTA LN
SALMON ID 83467-5252

Re: Change in Ownership for Water Right No(s): 74-15977

Dear Water Right Holder(s):

The Department of Water Resources (Department) acknowledges the receipt of correspondence changing ownership of the above referenced water right(s) to you. The Department has modified its records and has enclosed a computer-generated report for you.

Updating the ownership record for a water right does not reconfirm the validity of the right. When processing a Notice of Change in Water Right Ownership, the Department does not review the history of water use to determine if the right has been forfeited or deliberately abandoned through five years or more of non-use. To read more about water right forfeiture, including how to protect a water right from forfeiture, please see Idaho Code §§ 42-222 and 42-223.

Please note, water right owners are required to report any change of water right ownership and any change of mailing address to the Department within 120 days of the change. Reporting forms are available from any office of the Department, or from the Department's website.

If you have any questions concerning the enclosed information, please contact me at (208) 497-3787.

Sincerely,

Jonie Barg
Technical Records Specialist 1

Enclosure(s)

cc: WATER DISTRICT 74