

11-20-19

My husband died 6 yrs and 5 month
ago. I would like his name removed.
This is a copy of his death certificate.

RECEIVED

NOV 22 2019

IDWR/NORTH

Isa Wilkins
p.o. Box 453
Athol, Ida. 83801
208-683-2804

95-10472

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
MAILED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §20-2106 AND §20-214, ICAD CODE

Local Reg. No. _____

DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BURNELL EDMUND WILLIS		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 78 (Years)		4b. UNDER 1 YEAR Months _____ Days _____ Hours _____ Minutes _____		5. DATE OF BIRTH (Mo/Day/Yr) 10/03/1934	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY KOOTENAI		7c. CITY OR TOWN ATHOL	
	7d. STREET AND NUMBER E. 10165 HWY 54		7e. APT. NO. 83801		7f. ZIP CODE 83801	
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) INA R. ZACHERY			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11. BIRTHPLACE (State, Territory, or Foreign Country) INDIANA			
INFORMANT	11a. FATHER'S NAME (First, Middle, Last, Suffix) JESS WILLIS		12. BIRTHPLACE (State, Territory, or Foreign Country) OKLAHOMA			
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LUCILLE MONTGOMERY		13. RELATIONSHIP TO DECEDENT SPOUSE			
DISPOSITION	13a. INFORMANT'S NAME (Type or print) INA WILLIS		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) E. 10165 HWY 54 ATHOL, ID 83801			
	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) YATES CREMATORY 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814			
PLACE OF DEATH	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY YATES FUNERAL HOME 744 NORTH FOURTH STREET COEUR D'ALENE, IDAHO 83814		17. LICENSE NUMBER (Of licensee) M0943			
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: WILLIAM B. TOLLIVER		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No			
DATE OF DEATH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☒ Inpatient ☐ Outpatient ☐ Other _____		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) KOOTENAI MEDICAL CENTER		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE COEUR D'ALENE, ID 83814			
CAUSE OF DEATH	22. COUNTY OF DEATH KOOTENAI		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) June 29, 2013			
	24. TIME OF DEATH (24hr) 08:55		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) June 29, 2013			
CERTIFIER: Complete Within 72 Hours of Death	26. TIME PRONOUNCED DEAD (24hr) 08:55		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. CARDIO-RESPIRATORY ARREST - WITNESSED DUE TO (or as a consequence of): b. END STAGE CARDIAC HEART DISEASE DUE TO (or as a consequence of): c. END STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE DUE TO (or as a consequence of): d. _____			
	28. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		29. 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			
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	30. DATE OF INJURY (Mo/Day/Yr) (Spell month) June 29, 2013		31. TIME OF INJURY (24hr) 08:55		32. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) ATHOL, IDAHO	
	33. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____		34. 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 35a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 35b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown			
CERTIFIER	36. CERTIFIER (Check only one, based on official capacity for this certificate) ☐ PHYSICIAN ☐ PHYSICIAN ASSISTANT ☐ ADVANCED PRACTICE PROFESSIONAL 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) stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: DEBBIE L. WILKEY		37. LICENSE NUMBER 7 / 3 / 2013 MM DD YYYY			
	38. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) DEBBIE L. WILKEY, 1808 N. 3RD COEUR D'ALENE, ID 83814		39. DATE SIGNED 7 / 3 / 2013 MM DD YYYY			
REGISTRAR	40a. REGISTRAR'S SIGNATURE James B. Galt		40b. DATE SIGNED 7 / 5 / 2013 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:

JUL 05 2013

James B. Galt

