

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

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

DATE FILED BY STATE REGISTRAR:

State of Idaho CERTIFICATE OF DEATH

STATE FILE NO. 2014-00787

01/29/2014

ONLY A COPY OF THIS DOCUMENT, PREPARED BY THE STATE REGISTRAR WITH THE IMPRINT OF SEAL AND WELFARE
ARMED SEAL, SHALL BE USED AS PROOF OF THE DEATH UNDER §20-201 AND §20-202, IDAHO CODE

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE FELT TIP PEN. FOR INSTRUCTIONS SEE HANDBOOKS PARENTS DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) GERALD LEE CARROTHERS		2. SEX MALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 68 (Years)		4b. UNDER 1 YEAR Months: _____ Days: _____	
	4c. UNDER 1 DAY Hours: _____ Minutes: _____		5. DATE OF BIRTH (Mo/Day/Yr) 03/17/1947	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) CHAMPAIGN, ILLINOIS			
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY SHOSHONE	
	7c. CITY OR TOWN KINGSTON		7d. APT. NO. 83839	
	7e. STREET AND NUMBER 12063 OLD RIVER ROAD		7f. INSIDE CITY LIMITS? ☐ Yes ☒ No	
	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) PATRICIA ANN MCGUIRE		10. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	11. FATHER'S NAME (First, Middle, Last, Suffix) BASIL IVAN CARROTHERS		12. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
13a. INFORMANT'S NAME (Type or print) PATRICIA CARROTHERS		13b. RELATIONSHIP TO DECEDENT WIFE		
14. METHOD OF DISPOSITION ☐ Burial ☒ Cremation ☐ Donation ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) SHOSHONE CREMATORY 108 SOUTH MAIN STREET KELLOGG, IDAHO 83837		
16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY SHOSHONE FUNERAL SERVICE 108 SOUTH MAIN STREET KELLOGG, IDAHO 83837		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DEBBIE C. MIKESSELL		
17b. LICENSE NUMBER (If licensee) M0841		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No		
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☒ Outpatient ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) _____				
20. FACILITY NAME (If not facility, give street and number) 12063 OLD RIVER ROAD				
21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE KINGSTON, ID 83839				
22. COUNTY OF DEATH SHOSHONE				
23. DATE OF DEATH (Mo/Day/Yr) (Spell month) January 28, 2014		24. TIME OF DEATH (24hr) Estimated 02:00 - 04:30		
25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) January 28, 2014		26. TIME PRONOUNCED DEAD (24hr) 07:00		
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. CORONARY ARTERY DISEASE DUE TO (or as a consequence of): b. HYPERLIPIDEMIA DUE TO (or as a consequence of): c. DIABETES MELLITUS DUE TO (or as a consequence of): d. HYPERTENSION Approximate Interval Elapsed to Death: 10 YRS. 20 YRS. 20 YRS. 30 YRS.				
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. 27. CAUSE OF DEATH 28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No 29. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined 30. INJURY AT WORK? ☐ Yes ☒ No				
31. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☒ Probably ☐ No ☒ Unknown				
32. IF FEMALE (Aged 16-44): ☐ Not pregnant within past year ☐ Not pregnant, but pregnant 45 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				
33. DATE OF INJURY (Mo/Day/Yr) (Spell month) January 28, 2014		34. TIME OF INJURY (24hr) 07:00		
35. PLACE OF INJURY (Decedent's home, farm, street, construction site, running home, restaurant, forest, etc.) 12063 OLD RIVER ROAD				
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 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) _____ 38b. 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 PROFESSIONAL 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 0-00392		39c. DATE SIGNED 1 / 28 / 2014 MM DD YYYY		
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) MICHAEL W. MONOHAN, 1220 EAST POLSTON AVENUE POST FALLS, ID 83854				
40a. REGISTRAR'S SIGNATURE <i>James B. Aydelotte</i>		40b. DATE SIGNED 1 / 28 / 2014 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: **JAN 29 2014**

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

REVISED 01-11-2013

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

