

73-4008

3-4-13

ed. Dept. of Water Resources
ed. Falls, Del.

I would like to
have my late
husband's name
taken off the Water
records.

E. L. Latimer

Thank you
Kathleen Latimer



STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

Date Filed OCTOBER 01, 2010

State File No. 2010-08206

DECEDENT - LEGAL NAME EMERSON LEE LATIMER			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 70 YEARS	DATE OF BIRTH MARCH 01, 1940
BIRTHPLACE MAY, IDAHO		PLACE OF RESIDENCE ELLIS, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) MARY KATHLEEN LATIMER	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JAP ALTON LATIMER			BIRTHPLACE MISSOURI
MOTHER - MAIDEN NAME MADELL SYLVIA WARF			BIRTHPLACE IDAHO
METHOD OF DISPOSITION REMOVAL FROM STATE		FUNERAL SERVICE LICENSEE TAMMY J. BOWERMAN	
NAME AND ADDRESS OF FUNERAL FACILITY JONES & CASEY FUNERAL HOME, SALMON, IDAHO			
DATE OF DEATH SEPT. 28, 2010	TIME OF DEATH 3:58 P.M.	CITY, TOWN OR LOCATION OF DEATH SALMON, IDAHO	COUNTY OF DEATH LEMHI
CAUSE OF DEATH (underlying cause last) a. PROBABLE MYOCARDIAL INFARCTION			Approximate Interval Between Onset and Death 45 MINUTES
DUE TO (or as a consequence of): b. CORONARY ARTERY DISEASE			YEARS
DUE TO (or as a consequence of): c.			
DUE TO (or as a consequence of): d.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL	NAME OF CERTIFIER BRUCE T. HAYWARD, D.O.		TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

RECEIVED

MAR 04 2013

Department of Water Resources
Eastern Region

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OCTOBER 01, 2010

DATE ISSUED: _____

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JANE S. SMITH
STATE REGISTRAR

