

STATE OF IDAHO

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

CERTIFICATE OF DEATH

65-4991
Removed

Katherine

Adamson as
Current owner

Date Filed MARCH 21, 2007

State File No. 2007-02060

2-25-11

DECEDENT - LEGAL NAME KATHERINE ELIZABETH ADAMSON			
SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 87 YEARS	DATE OF BIRTH AUGUST 02, 1919
BIRTHPLACE BLACKFOOT, IDAHO		PLACE OF RESIDENCE BOISE, IDAHO	
MARITAL STATUS AT TIME OF DEATH WIDOWED		NAME OF SURVIVING SPOUSE (if wife, maiden name)	WAS DECEDENT EVER IN U.S. ARMED FORCES? NO
FATHER - NAME JOHN STONEMAN			BIRTHPLACE CANADA
MOTHER - MAIDEN NAME RUTH OFFICER			BIRTHPLACE KANSAS
METHOD OF DISPOSITION BURIAL		FUNERAL SERVICE LICENSEE STEVEN L. GORDON	
NAME AND ADDRESS OF FUNERAL FACILITY ALDEN-WAGGONER FUNERAL CHAPEL, BOISE, IDAHO			
DATE OF DEATH MAR. 19, 2007	TIME OF DEATH 1:00 A.M.	CITY, TOWN OR LOCATION OF DEATH BOISE, IDAHO	COUNTY OF DEATH ADA
CAUSE OF DEATH (underlying cause last) a. ASPIRATION PNEUMONIA			Approximate Interval Between Onset and Death DAYS
DUE TO (or as a consequence of): b. DYSPHAGIA			MONTHS.
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 WILLIAM BOLLINGER, M.D.		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

FEB 25 2011

Department of Water Resources

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

DATE ISSUED: MARCH 22, 2007

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

Jane S. Smith

JANE S. SMITH
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

