

CERTIFICATE OF VITAL RECORD

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

Date Filed JANUARY 02, 2002

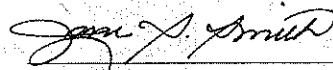
State File No. 2001-09247

DECEDENT - NAME NADINE NIELSON RICKS				AGE 60 YEARS	
DATE OF DEATH NOV. 28, 2001		SEX FEMALE	SOCIAL SECURITY NUMBER 528-50-1795		DATE OF BIRTH APR. 07, 1941
BIRTHPLACE COLORADO		WAS DECEDENT EVER IN U.S. ARMED FORCES? NO		MARITAL STATUS MARRIED	
SURVIVING SPOUSE (if wife, maiden name) ROBERT REED RICKS		CITY, TOWN OR LOCATION OF DEATH MONTEVIEW, IDAHO			
RESIDENCE STATE IDAHO		CITY, TOWN OR LOCATION MONTEVIEW			
FATHER - NAME DONALD JAY NIELSON					BIRTHPLACE UTAH
MOTHER - FULL MAIDEN NAME ERMA CHRISTENSEN					BIRTHPLACE UTAH
NAME AND ADDRESS OF MORTUARY FLAMM FUNERAL HOME, INC., REXBURG, IDAHO					
FUNERAL SERVICE LICENSEE GARTH E. FLAMM					
METHOD OF DISPOSITION BURIAL		TIME OF DEATH 10:58 A.M.		MANNER OF DEATH NATURAL	
CAUSE OF DEATH (underlying cause last) a. METASTATIC BREAST CANCER					Approximate Interval Between Onset and Death 9 YEARS
DUE TO (or as a consequence of): b.					
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 LISTED					AUTOPSY PERFORMED? NO
NAME OF CERTIFIER KEVIN P. MULVEY, M.D.				TITLE OF CERTIFIER PHYSICIAN	
CORONER REVIEW AREA					
ACTION				NAME	
EXTERNAL CAUSES ONLY					
DATE OF INJURY		HOUR OF INJURY		INJURY AT WORK?	
DESCRIPTION OF HOW INJURY OCCURRED					
PLACE OF INJURY		LOCATION OF INJURY			

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DATE ISSUED: JANUARY 03, 2002

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JANE S. SMITH
STATE REGISTRAR

