

RECEIVED

DEC 09 2024

IDWR/NORTH

Catherine J. Rosenberg
1902 Aspen Lane
Sandpoint ID 83863

Dawn P Lenon
IDWR Regional Office
7600 N Mineral Drive STE 100
Coeur d Alene, ID 83815-7763

November 30, 2024

Dear Ms. Lenon

Please find enclosed a copy of the COD for my late husband Barry N. Rosenberg.

This should ensure the removal of his name from Right Numbers: 97-7067 & 97-7112.

Thanks for your attention in this matter.

Sincerely,



Catherine J. Rosenberg

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, SHALL BE USED AS PRIMARY EVIDENCE OF THIS DEATH UNDER §§16-1414 AND §§16-1415, IDAHO CODE.

Local Reg. No.

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) BARRY NORMAN ROSENBERG		2. SEX MALE		3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last birthday 79 (Years)		4b. UNDER 1 YEAR Months: 0 Days: 0 Hours: 0 Minutes: 0		5. DATE OF BIRTH (Mo/Day/Yr) 07/12/1942	
	6. BIRTHPLACE (City and State, Territory, or Foreign Country) NEWARK, NEW JERSEY					
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BONNER		7c. CITY OR TOWN SANDPOINT	
	7d. STREET AND NUMBER 1902 ASPEN LANE		7e. APT. NO. 		7f. ZIP CODE 83864	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	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) CATHERINE JACKSON			
	10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No		11a. FATHER'S NAME (First, Middle, Last, Suffix) BEN ROSENBERG		11b. BIRTHPLACE (State, Territory, or Foreign Country) NEW YORK	
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) ROSE COHEN		12b. BIRTHPLACE (State, Territory, or Foreign Country) RUSSIA			
	13a. INFORMANT'S NAME (Type or print) CATHERINE ROSENBERG		13b. RELATIONSHIP TO DECEDENT WIFE		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1902 ASPEN LANE SANDPOINT, ID 83864	
	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) COFFELT CREMATORY 109 NORTH DIVISION AVENUE SANDPOINT, IDAHO 83864		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY COFFELT FUNERAL SERVICE 109 NORTH DIVISION STREET SANDPOINT, IDAHO 83864	
DISPOSITION: PLACE OF DEATH	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: DALE G. COFFELT		17b. LICENSE NUMBER (Of licensee) M0501		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DCA		19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) 			
	20. FACILITY NAME (If not facility, give street and number) 1902 ASPEN LANE		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE SANDPOINT, ID 83864		22. COUNTY OF DEATH BONNER	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 28, 2022		24. TIME OF DEATH (24hr) 18:50		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) March 28, 2022	
	26. TIME PRONOUNCED DEAD (24hr) 18:50					
CAUSE OF DEATH DATE OF DEATH 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. METASTATIC ADENOCARCINOMA RIGHT UPPER LOBE LUNG b. DUE TO (or as a consequence of): c. DUE TO (or as a consequence of): d. DUE TO (or as a consequence of):					
	PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I: 29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☒ Yes ☐ Probably ☐ No ☐ Unknown 30. 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 ☐ Unknown if pregnant within the past year ☐ Not pregnant, but pregnant within 42 days of death					
	31. MANNER OF DEATH ☒ Natural ☐ Homicide ☐ Pending investigation ☐ Suicide ☐ Could not be determined					
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? ☐ Yes ☐ No					
	36. LOCATION OF INJURY: State City/Town or County Zip Code Street and Number or Location Apartment Number 					
CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE	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 ☐ Pedestrian ☐ Other (Specify) 38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ What safety device(s) 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 REGISTERED 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) and manner stated. Signature and Title of Certifier ELECTRONICALLY SIGNED: SCOTT R. DUNN, M.D.					
	39b. LICENSE NUMBER M-05940 39c. DATE SIGNED 4 / 4 / 2022 MM DD YYYY					
	39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) SCOTT R. DUNN, 606 NORTH THIRD STREET STE 1 SANDPOINT, ID 83864					
	40a. REGISTRAR'S SIGNATURE James B. Aydelotte 40b. DATE SIGNED 4 / 5 / 2022 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: **APR 05 2022**

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

Rev. 07/28/20

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE