Idaho

UNOFFICIAL DEATH CERTIFICATE ABSTRACT

THIS ABSTRACT IS NOT AN OFFICIAL IDAHO CERTIFICATE OF DEATH AND **SHALL NOT** BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

FOR INSTRUCTIONS SEE HANDBOOKS

MORTICIAN: Complete/Verify and File Within 5 Days of Death

*** 1. DECEDENT'S LEGAL NAME** (Include AKA's if any) (First, Middle, Last, Suffix): John Doe

2. SEX: SEX

3. SOCIAL SECURITY NUMBER: 123-45-6789

4a. AGE-Last Birthday: 100 (Years)

4b. UNDER 1 YEAR: Months | Days

4C. UNDER 1 DAY: Hours | Minutes

5. DATE OF BIRTH (Mo/Day/Yr): 01/01/1900

6. BIRTHPLACE (City and State, Territory, or Foreign Country): BIRTH, PLACE

7a. RESIDENCE - STATE OR FOREIGN COUNTRY: IDAHO

7b. COUNTY: COUNTY

7c. CITY OR TOWN: CITY

7d. STREET AND NUMBER: STREET ADRESS

7e. APT. NO.:

7f. ZIP CODE: 54321

7g. INSIDE CITY LIMITS? ☒ Yes ☐ No

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): LIVING SPOUSE

PARENTS

10. EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No

11a. FATHER'S NAME (First, Middle, Last, Suffix): FATHERS NAME

11b. BIRTHPLACE (State, Territory, or Foreign Country): F BIRTHPLACE

12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix): MOTHERS NAME

12b. BIRTHPLACE (State, Territory, or Foreign Country): M BIRTHPLACE

INFORMANT

13a. INFORMANT'S NAME (Type or print): INFORMAT'S NAME

13b. RELATIONSHIP TO DECEDENT: RELATIONSHIP

13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): MAILING ADRESS

DISPOSITION

*** 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):

*** 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY**: DETAILS OF FUNERAL FACILITY

*** 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH** ▶

*** 17b. LICENSE NUMBER** (Of licensee): M1026

18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☒ Yes ☐ No

PLACE OF DEATH

CERTIFIER: Complete Within 72 Hours of Death

PLACE OF DEATH (19-22)

*** 19a. IF DEATH OCCURRED IN A HOSPITAL:** 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA

*** 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:** 4 ☐ Hospice facility 5 ☐ Nursing home/Long term care facility 6 ☐ Decedent's home 7 ☐ Other (Specify) _____

*** 20. FACILITY NAME** (If not facility, give street and number): FACILITY NAME

*** 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE**: LOCATION OF DEATH

*** 22. COUNTY OF DEATH**: COUNTY

DATE OF DEATH

*** 23. DATE OF DEATH** (Mo/Day/Yr) (Spell month): July 10, 2024

24. TIME OF DEATH (24hr): 13:00

25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month): July 10, 2024

26. TIME PRONOUNCED DEAD (24hr): 13:00

CAUSE OF DEATH

27. 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:

Approximate Time Interval: Onset to Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. IMMEDIATE CAUSE

DUE TO (or as a consequence of):

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE LAST** (disease or injury that initiated the events resulting in death)

b.

DUE TO (or as a consequence of):

c.

DUE TO (or as a consequence of):

d.

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I

28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

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 ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year

31. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined

ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)

32. DATE OF INJURY (Mo/Day/Yr) (Spell month): July 10, 2024

33. TIME OF INJURY (24hr): 12:00

34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.): PLACE OF INJURY

35. INJURY AT WORK? ☒ Yes ☐ No

36. LOCATION OF INJURY:

State: STATE City/ Town or County: LOCATION Zip Code: 54321

Street and Number or Location: STREET NUMBER Apartment Number: _____

37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPES(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(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☒ Unknown

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

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 ▶

39b. LICENSE NUMBER

39c. DATE SIGNED ____/____/____ MM DD YYYY

*** 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER** (Type or print): INFORMATION OF CERTIFIER

REGISTRAR

40a. REGISTRAR'S SIGNATURE ▶

40b. DATE SIGNED ____/____/____ MM DD YYYY

STATISTICAL INFORMATION

MORTICIAN: Complete /Verify

41. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) *Do not use retired*: FARM MANAGER

42. KIND OF BUSINESS/INDUSTRY: FARMING

43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)

1 ☐ 8th grade or less (includes none)
2 ☐ 9th - 12th grade, but no diploma
3 ☒ High school graduate or GED completed
4 ☐ Some college credit, but no degree
5 ☐ Associate degree (eg, AA, AS)
6 ☐ Bachelor's degree (eg, AB, BA, BS)
7 ☐ Master's degree (eg, MA, MBA, MEd, MEng, MS, MSW)
8 ☐ Doctorate or professional degree (eg, DDS, DO, DVM, EdD, JD, LLB, MD, PhD)

44. DECEDENT OF HISPANIC ORIGIN? (Check one or more boxes to best describe whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino)

0 ☒ No, not Spanish/Hispanic/Latino
1 ☐ Yes, Mexican, Mexican American, Chicano
2 ☐ Yes, Puerto Rican
3 ☐ Yes, Cuban
4 ☐ Yes, other Spanish/Hispanic/Latino

(Specify) _____

45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)

01 ☒ White
02 ☐ Black or African American
03 ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____
04 ☐ Asian Indian
05 ☐ Chinese
06 ☐ Filipino
07 ☐ Japanese
08 ☐ Korean
09 ☐ Vietnamese
10 ☐ Other Asian (Specify) _____
11 ☐ Native Hawaiian
12 ☐ Guamanian or Chamorro
13 ☐ Samoan
14 ☐ Other Pacific Islander (Specify) _____
15 ☐ Other (Specify) _____

NAME OF DECEDENT _____ For use by certifier or institution

*** At a minimum, complete items 1; 14; 16; 17a; 17b; 19a or 19b; 20; 21; 22; 23; and 39d for the 24-Hour Report and Authorization for Final Disposition**

EDR# : 000000199242