

**STATE OF IDAHO**  
**CERTIFICATION OF VITAL RECORD**

**STATE OF IDAHO**  
DEPARTMENT OF HEALTH AND WELFARE  
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

#8 AMENDED 2-3-2009 CMW

DATE FILED BY STATE REGISTRAR:

**JUN 28 2007**

State of Idaho

**CERTIFICATE OF DEATH**

STATE FILE NO.

**2007- 04967**

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER §30-24(9) AND §30-274, IDAHO CODE.

Local Reg. No.

**418-7**

<p><b>DECEDENT</b></p> <p>TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN</p> <p>FOR INSTRUCTIONS SEE HANDBOOKS</p> <p><b>PARENTS</b></p> <p><b>INFORMANT</b></p> <p><b>DISPOSITION</b></p> <p><b>PLACE OF DEATH</b></p> <p><b>DATE OF DEATH</b></p> <p><b>CAUSE OF DEATH</b></p> <p><b>REGISTRAR</b></p>	* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX	3. SOCIAL SECURITY NUMBER	
	JoAnne Reed		Female	518-76-6281	
	4a. AGE-Last Birthday	4b. UNDER 1 YEAR	4c. UNDER 1 DAY	5. DATE OF BIRTH (Mo/Day/Yr)	
	48 (Years)	Months	Days	February 12, 1959	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY		7b. COUNTY	7c. CITY OR TOWN	
	Idaho		Bonneville	Idaho Falls	
	7d. STREET AND NUMBER		7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS?
	2277 North 35th West			83402	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	8. MARITAL STATUS AT TIME OF DEATH			9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
	<input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown			Bryon L. Reed	
10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Richard Ellet Wood		Utah	
12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)			
Afton Call		Utah			
13a. INFORMANT'S NAME (Type or print)		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
Bryon L. Reed		Husband	2277 North 35th West, Idaho Falls, Idaho 83402		
* 14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify)		Rose Hill Cemetery Idaho Falls, Idaho		Wood Funeral Home 273 North Ridge - P.O.Box 51434 Idaho Falls, Idaho 83405-1434	
* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH			* 17b. LICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED?	
<i>[Signature]</i>			#M-824	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PLACE OF DEATH (19-22)					
* 19a. IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)					
* 20. FACILITY NAME (If not facility, give street and number)					
2277 North 35th West					
* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE		* 22. COUNTY OF DEATH			
Idaho Falls, 83402		Bonneville			
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH	25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)		
June 15, 2007		1550 (24hr)	June 15, 2007		
			1550 (24hr)		
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:					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Breast Cancer</i>		Approximate Interval: Onset to Death <i>5 years</i>	
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. 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?		30. IF FEMALE (Aged 10-54):		28a. WAS AN AUTOPSY PERFORMED?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. MANNER OF DEATH					
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide		<input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined			
32. DATE OF INJURY (Mo/Day/Yr) (Spell month)		33. TIME OF INJURY	34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		
		(24hr)			
35. INJURY AT WORK?					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____					
Street and Number or Location _____ Apartment Number _____					
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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____					
38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger					
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown					
39a. CERTIFIER (Check only one, based on official capacity for this certificate)		39b. LICENSE NUMBER			
<input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.		#M-8794			
<input type="checkbox"/> 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.		39c. DATE SIGNED			
Signature and Title of Certifier <i>[Signature]</i>		06/18/2007			
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)		MM DD YYYY			
Dr. Christian Shull, 2330 Desoto, Idaho Falls, ID, 83404, 208-523-1100					
40a. CORONER'S SUBSEQUENT SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes the certifier of record.		40b. DATE SIGNED			
		MM DD YYYY			
I have reviewed and if necessary amended the medical section*		41b. DATE SIGNED			
41a. REGISTRAR'S SIGNATURE		06/20/2007			
<i>[Signature]</i>		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.

FEB 03 2009

DATE ISSUED:

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

*[Signature]*  
JANE S. SMITH  
STATE REGISTRAR

