

STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

Amended

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

FUNERAL DIRECTOR

PHYSICIAN/CORONER

1. DECEDENT'S NAME (First, Middle, Last) Benjamin Ryan BAKER			2. SEX Male		3. DATE OF DEATH (Month, Day, Year) May 8, 2015	
4. SOCIAL SECURITY NUMBER 537-31-7987		5a. AGE - (Years) 20	5b. UNDER 1 YEAR Mos. Days	5c. UNDER 1 DAY Hrs Mins		6. DATE OF BIRTH Month Day Year December 5 1994
7. BIRTHPLACE (City and State or Foreign Country) Longview, WA						
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence <input checked="" type="checkbox"/> Other (Specify) behind warehouse						
9b. FACILITY NAME (If not institution, give street and number) 3155 N. Chambers Road			9c. CITY, TOWN, OR LOCATION OF DEATH Aurora		9d. COUNTY OF DEATH Adams	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Unknown			10b. KIND OF BUSINESS/INDUSTRY Unknown		11. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown	
12. SPOUSE (If wife, give maiden name)						
13a. RESIDENCE - STATE Colorado		13b. COUNTY Adams		13c. CITY, TOWN, OR LOCATION Unincorporated		13d. STREET AND NUMBER 1280 W. 72nd Avenue
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 80221	14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White	16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0-12) College (13-16 or 17+) 11
17. FATHER - NAME (First, Middle, Last) John Baker			18. MOTHER - NAME (First, Middle, Maiden) Holly Buck		19. INFORMANT - NAME and relationship to deceased Holly Harlin - Mother	
20a. METHOD OF DISPOSITION <input type="checkbox"/> Resurrection <input type="checkbox"/> Burial/Entombment <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Colorado Wilbert Funeral Service		20c. LOCATION - City or Town, State Commerce City, CO	
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature: <i>Shane Wilson</i>			21b. NAME AND ADDRESS OF FACILITY Alternative Cremation 2377 N. Academy Blvd., Colorado Springs, CO 80917			
22a. REGISTRAR'S SIGNATURE Signature: <i>Jacqueline Archuleta, Deputy</i>			22b. DATE FILED (Month, Day, Year) JUL 08 2015			
23. TIME OF DEATH unknown <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Milt		24. DATE AND TIME PRONOUNCED DEAD Month Day Year Time May 8 2015 0633 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Milt			25. WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
TO BE COMPLETED BY SIGNING PHYSICIAN 26a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>[Signature]</i>			TO BE COMPLETED BY CORONER 27a. 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 as stated. Signature: <i>[Signature]</i>			
26b. DATE SIGNED (Month, Day, Year)			27b. DATE SIGNED (Month, Day, Year) June 11, 2015			
26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN			27c. NAME AND COUNTY Monica Broncudia-Jordan Adams & Broomfield			
			28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN SIGNING PHYSICIAN			
29. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined		30. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year		
32a. DATE OF INJURY (Month, Day, Year) May 7-8, 2015		32b. TIME OF INJURY unknown <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Milt	32c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32d. DESCRIBE HOW INJURY OCCURRED hanged self with belt tied to a tree branch		
32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) behind warehouse			32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State) 3155 N. Chambers Rd., Aurora, Adams, Colorado			
33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						
Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c).		(a) asphyxia DUE TO OR AS A CONSEQUENCE OF:			Interval between onset and death minutes	
		(b) hanging DUE TO OR AS A CONSEQUENCE OF:			Interval between onset and death minutes	
		(c)			Interval between onset and death	
Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1 cardiomegaly, atherosclerosis					34. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35. IF YES, were findings considered in determining cause of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

DATE ISSUED **JUL 08 2015**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Ronald S. Hyman
RONALD S. HYMAN
STATE REGISTRAR



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