

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052017033498

DECEDENT'S LEGAL NAME ROBERT GENE BUFFALOW				DATE OF DEATH NOVEMBER 12, 2017			
SEX MALE	SOCIAL SECURITY NUMBER 521-38-3239	AGE-Last Birthday (Years) 83	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (Mo/Day/Yr) JUNE 05, 1934	BIRTHPLACE (State or Foreign Country) COLORADO	
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (if not institution, give street & number) ST ANTHONY HOSPITAL			CITY, TOWN OR LOCATION OF DEATH LAKEWOOD		COUNTY OF DEATH JEFFERSON		
RESIDENCE - STREET AND NUMBER 8108 W HARVARD DRIVE					APT. NO.	ZIP CODE 80227	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY JEFFERSON		CITY OR TOWN LAKEWOOD		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TRAIN MASTER				KIND OF BUSINESS/INDUSTRY TRANSPORTATION		DECEDENT'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES YES	MARITAL STATUS AT TIME OF DEATH WIDOWED		SPOUSE/PARTNER NAME (if wife, give name prior to first marriage) CLAUDINE MOORE				
FATHER'S NAME CLARENCE BUFFALOW				MOTHER'S NAME PRIOR TO FIRST MARRIAGE MYRTLE SWEARINGIN			
INFORMANT'S NAME DAVID BUFFALOW				INFORMANT'S RELATIONSHIP TO DECEASED SON			
NAME OF FUNERAL HOME FAIRMOUNT MORTUARY				CITY AND STATE OF FUNERAL HOME DENVER COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION BURIAL - CEMETERY		PLACE OF DISPOSITION MOUNTAIN VIEW CEMETERY		LOCATION - CITY, COUNTY, STATE PUEBLO PUEBLO COLORADO			
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY		
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE YES		ACTUAL OR PRESUMED TIME OF DEATH 01:34 PM		DATE PRONOUNCED DEAD (MO/DAY/YR) NOVEMBER 12, 2017		TIME PRONOUNCED DEAD 13:34 MIL	
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?		
CAUSE OF DEATH							
PART I		Enter the chain of events, diseases, injuries, or other conditions that directly caused the death.				Approximate Interval: Onset to death	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a ASPIRATION PNEUMONIA				1WK	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		b HEMORRHAGIC SHOCK				2D	
		c SEPSIS				3D	
		d					
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN STEVE STAHL MD 1707 COLÉ BOULEVARD 100 GOLDEN CO 80401					DATE SIGNED NOVEMBER 17, 2017		
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED		
DATE FILED BY REGISTRAR NOVEMBER 17, 2017							

DATE ISSUED **NOVEMBER 20, 2017**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution 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.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



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REV 04/16

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

