State of Idaho

State of Juano	
ERTIFICATE OF DEATH	STATE FILE NO.
ENTIFICATE OF DEATH	

			ONLY A GC	DPY OF THIS DOCU		FICATE OF DEATHER STATE REGISTRAR WITH THE DIEVIDENCE OF THIS DEATH UNDER \$3			E FILE NO	a No		
DECEDENT		* 1. DECEDENT'S LEGAL					39-241(4) AND §	39-274, IDAHO COD	2. SEX		AL SECURITY NUMBER	₹
TYPE OR PRINT IN PERMANENT	Death	4a. AGE-Last Birthday 4b.	LINDER 1 VEAR	4c IINDE	R 1 DAY 5. DAY	ΓΕ OF BIRTH (Mo/Day/Yr)	·	6. BIRTH	PLACE (City and	State, Terr	itory, or Foreign Country))
BLACK INK DO NOT USE FELT TIP PEN	ŏ		Months Days	Hours	Minutes				, <u> </u>		,	,
FOR INSTRUCTIONS SEE	Days	7a. RESIDENCE - STATE OF	R FOREIGN COU	NTRY 7	b. COUNTY			7c. CITY OR	TOWN		-11.00	
HANDBOOKS	Within 5	7d. STREET AND NUMBER	<i>E</i>	<u> </u>		**************************************	<u>;</u>	7e. APT. NO.	7f, ZIP CODE		7g. INSIDE LIMITS?	
•	File W	8. MARITAL STATUS AT TIM			9. <u>SUR</u>	URVIVING SPOUSE'S NAME (If wife, give maiden name)						
	and F	Married Married, bu				ever married Unknow	n		MAN DIDTUDI AC	DE /State	Territory, or Foreign Cour	otes A
PARENTS	Verify	10. EVER IN U.S. 11a, FAT ARMED FORCES?	HERS NAME (F	irst, Middle, L	ast, Sullix)				IID. BIRTHPLAC	JE (Siale,	lemiory, or Poreign Cour	ury)
,	Complete/Verify	☐ Yes 12a, MO	THER'S MAIDEN	I NAME (Firs	t, Middle, Last, S	Suffix)		","	12b. BIRTHPLAC	CE (State,	Territory, or Foreign Cour	ntry)
INFORMANT	Con	13a. INFORMANT'S NAME	(Type or print)		13b. RELA	TIONSHIP TO DECEDENT	T 13c. MA	AILING ADDR	RESS (Street and N	lumber, Ci	y, State, Zip Code)	
DISPOSITION	AN:	* 14. METHOD OF DISPOS	SITION 1	5 PLACE OF	DISPOSITION	(Name and address of cem	neterv	* 16 NAME	AND COMPLETE	ADDRESS	OF FUNERAL FACILIT	-v
	RTICIAN:	Burial C		rematory, othe		(Name and address or con	iletery,	10.10.11	AND GOMILLETE	ADDITEO	or roncince radict	•
	MOF	Removal from Idaho Other (Specify) * 17a, SIGNATURE OF FUI		LIGENOES				ioe uiiune	2 (0(1)	40.18/0.0	CORONER CONTACT	
		* 17a. SIGNATURE OF FUI	NERAL SERVICE	LICENSEE	OR PERSON AC			ASE NOMBER	R (Of licensee)		TO CAUSE OF DEATH	
PLACE OF DEATH		* 19a. IF DEATH OCCURR		1			HER THA					
		* 20. FACILITY NAME (If n	•		-	* 21. CITY, TOWN, OF		-			* 22. COUNTY OF D	EATH
, g again (1 francisco y laine especies)			10-0/2/0-11-		24. TIME OF	DEATH 25 DATE	PROMOU	NCED DEAD	(Mo/Day/Yr) (Spel	I month\	26. TIME PRONOUNG	CED DEAD
DATE OF DEATH		* 23. DATE OF DEATH (Mo	5/Day/Yr) (Speil m	iontn)	24. TIME OF	(24hr)	PRONOC	INCED BEAD	(мольаулт) (эре	ii iiioniii)	20. TIME PRONOGRE	(24hr)
CAUSE OF DEATH		PART I. Enter the chain of e	events disease	s, injuries, or	complications -	27. CAUSE OF D	eath. DO	NOT enter te	rminal events such	as cardia	Approximate	Interval:
		arrest, respiratory arrest, or IMMEDIATE CAUSE (Final	ventricular fibrillat	ion without si	nowing the etiolo	ogy. DO NOTABBREVIATE	E. Enter o	nly one cause	on a line:		Onset to Dea	ith
	ţ.	disease or condition resulting in death) Sequentially list conditions,		(or as a conseq	uence of):							
	of Death	if any, leading to the cause listed on line a. Enter the		(or as a conseq	uence of):		<u> </u>					
	Hours o	UNDERLYING CAUSE LAST (disease or injury that initiated the events	C. DUE TO	(or as a conseq	uence of):							
	72	resulting in death) PART II. Enter other signification	d cant conditions co	ntributing to c	leath but not res	ulting in the underlying cat	use given	in Part I	28a. WAS AN AUT PERFORMEI		28b. WERE AUTOPSY F AVAILABLE TO CO	
	Within	29. DID TOBACCO USE	30. IF F	EMALE (Age	d 10-54):	na and face in over the contract the contrac			[] Yes [No	THE CAUSE OF DE	
	Complete 1	CONTRIBUTE TO DEAT	TH?	pregnant with	nin past year	Not pregnant, but pre to 1 year before deal		days	31. MANNER OF	∷н	omicide	
	Com	□ No □ Unknowr	n Dot with	pregnant, but in 42 days of	death	Unknown if pregnant year			Accident Suicide		ending Investigation ould not be determined	
ITEMS 32-38 TO BE USED FOR EXTERNAL	ER:	32. DATE OF INJURY (Mo/I (Spell month)	Jay/Yr)	33. TIME C	OF INJURY (24h	34. PLACE OF INJURY nursing home, restaura			m, street, construc	ction site,	35. INJURY A	r work? ∐No
CAUSES ONLY (CORONER)	CERTIFIE	36. LOCATION OF INJURY:	State	<u> </u>	(241	· · · · · · · · · · · · · · · · · · ·					Zip Code	
	CEF	Street and Number or Lo	RY OCCURRED.			RY, STATE THE TYPE(S) O	F VEHICL	E(S) INVOLV	ED (Automobile,		nt Numberotorcycle, ATV, bicycle, et	c.)
		SPECIFY WHICH VEHIC				Name to a second control of the second contr						
		I RANSPORTATION	. WAS DECEDEN' Pedestrian			-		Child safety s	eat Helmet			known
CERTIFIER		39a. CERTIFIER (Check onl	PHYSICIA	N ASSISTAN	т	ADVANCED PRACTIC				39b. LI	CENSE NUMBER	
THAN NATURAL CAUSES, THE CORONER	E TO OTHER NATURAL CAUSES, CORONER To the best of my knowledge, death occurred at the time, date, and place, and due to the <u>natural</u> cause(s)/manner stated. GORONER 39c. DATE SIG								ATE SIGNED			
THE CORONER MUST COMPLETE AND SIGN THE Signature and Title of Certifier								the cause(s)	MM DD YYYY			
CERTIFICATE		* 39d. NAME, ADDRESS, A		F CERTIFIE	R (Type or print)							
REGISTRAR		40a. REGISTRAR'S SIGNA	TURE							40b. D	ATE SIGNED	
					S	TATISTICAL INFORMA	ATION			_	MM DD YYYY	
		41. DECEDENT'S USUAL C Do not use retired	dicate type of	work done durir		45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)						
	Verify	42. KIND OF BUSINESS/INDUSTRY						o1				
	omplete/Verify	43. DECEDENT'S EDUCATI	highest degree or	CEDENT OF HISPANIC ORIGIN? (Check one e boxes to best describe whether the decedent			a America	n Indian or Alaska I				
	Com	1 38th grade or less (includes none)						(Name of the enrolled or principal tribe) 12 [] Guamanian or Chamo			orro	
E	ż	2 [] 9th - 12th grade, but no 3 [] High school graduate or	-			nepamortanno	0	₄∭ Asian Ind	dian		Other Pacific Islander	r (Specify)
ğ	ַ	A [Some college aredit by		1 Y	es, Mexican, Mex	xican American, Chicano	0	s [] Chinese				
DENT er or institution	ᅙ	Some college credit, but simil Associate degree (eg, A	ut no degree NA, AS)	2[] Ye	es, Puerto Rican		0	₅∏ Filipino	e	15	Other (Specify)	
NAME OF DECEDENT	MORTICIA		ut no degree NA, AS) AB, BA, BS)	2[] Ye	es, Puerto Rican es, Cuban		0	-11117		15	Other (Specify)	

* 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 VITAL STATISTICS COPY

IDAHO CODE

39-260. Registration of Deaths and Stillbirths

A certificate of each death which occurs in this state shall be filed with the local registrar of the district in which the death occurs, or as otherwise directed by the state registrar, within five (5) days after the occurrence. However, the board shall, by rule and upon such conditions as it may prescribe to assure compliance with the purposes of the vital statistics act, provide for the filing of death certificates without medical certifications of cause of death in cases in which compliance with the applicable prescribed period would result in undue hardship; but provided, however, that medical certifications of cause of death shall be provided by the certifying physician assistant, advanced practice professional nurse or coroner to the vital statistics unit within fifteen (15) days from the filing of the death certificate. No certificate shall be deemed complete until every item of information required shall have been provided or its omission satisfactorily accounted for. When death occurs in a moving conveyance in the United States and the body is first removed from the conveyance in this state, the death shall be registered in this state and the piace where the body is first removed shall be considered the place of death. When a death occurs on a moving conveyance while in international airspace or in a foreign country or its airspace and the body is first removed from the conveyance in this state, the death shall be registered in this state but the certificate shall show the actual place of death insofar as can be determined. If the place of death shall be completed and filed in accordance with this section. The place where the body is found shall be shown as the place of death. If the date of death is unknown, it shall be determined by approximation.

The person in charge of interment or of removal of the body from the district shall be responsible for obtaining and filing the certificate. Said person shall obtain the required information from the following persons, over their respective signatures:

- Personal data shall be supplied by the person best qualified to supply them; and Except as otherwise provided, medical data shall be supplied by the physician, physician assistant or advanced practice professional nurse who attended the deceased during the last illness, who shall certify to the cause of death according to his best knowledge, information and belief within seventy-two (72) hours from time of death. In the absence of the attending physician, physician assistant or advanced practice professional nurse or with said person's approval the certificate may be completed and signed by said person's associate, who must be a physician, physician assistant or advanced practice professional nurse, the chief medical officer of the institution in which death occurred, or the physician who performed an autopsy upon the decedent, provided such individual has access to the medical history of the case, views the deceased at or after death, and death is due to natural causes.
- The person in charge of interment or of removal of the body from the district shall refer the following cases to the coroner who shall make an immediate investigation, supply the necessary medical data, and certify to the cause of death:

- When no physician, physician assistant or advanced practice professional nurse was in attendance during the last illness of the deceased; When the circumstances suggest that the death occurred as a result of other than natural causes; or When death is due to natural causes and the physician, physician assistant or advanced practice professional nurse who attended the deceased during the last illness or said person's designated associate who must be a physician, physician assistant or advanced practice professional nurse, is not available or is physically incapable of signing.
- When a death is presumed to have occurred within this state but the body cannot be located, a death certificate may be prepared by the state registrar upon receipt of an order of a court of record of this state, which shall include the finding of facts required to complete the death certificate. Such a death certificate shall be marked "presumptive" and shall show on its face the date of registration and shall identify the court and the date of decree.

DEPARTMENT OF HEALTH AND WELFARE RULES

16.02.08.450. Registration of Deaths and Stillbirths.

- Acceptance of Incomplete Death Certificate. If all the information necessary to complete a death certificate is not available within five (5) days after the date the death occurred, the person in charge of interment or removal of the body from the district in which the death occurred must file the certificate as prescribed by the State Registrar with all information that is available, provided that the medical certification of the cause of death has been signed by the person responsible for such certification. If the cause of death is unknown or undetermined, the cause of death must be shown as unknown or undetermined on the certificate. The person responsible for the medical certification of the cause of death must also sign the authorization for final disposition of the body. If the body is to be cremated, the coroner must also give additional authorization. (4-2-08)
 - A supplemental report providing the cause of death information missing from the original certificate must be filed by the person responsible for medical certification of the cause of death with the State Registrar within fifteen (15) days of the filing of the death certificate on a form provided or approved by the State Registrar.

 (4-2-08)
 - A supplemental report providing all other information missing from the original certificate must be filed with the State Registrar by the person responsible for filing the certificate within thirty (30) days of the date the death occurred or as otherwise authorized by the State Registrar on a form provided or approved by the State Registrar. (4-2-08) b.
 - The State Registrar will make the information on the supplemental report(s) a part of the existing death certificate and will file the supplemental report(s) with the death certificate. The State Registrar will also mark the death certificate to show that supplemental information was added.

 (4-2-08)

02. Signatures Required on Death Certificates.

(12-26-83)

- The mortician, or person acting as such, must sign the death certificate. No stamps or other types of facsimile signatures may be used. (4-2-08)
- The responsible person must sign the medical certification of the cause of death. Failure to do so will invalidate the record as a legal document. No stamps or other types of facsimile signatures may be used. (4-2-08)
- The local registrar must sign the certificate. The registrar's signature must be the same as it appears in the notarized certificate of appointment. No stamps or other types of facsimile signatures may be used. (12-26-83)

WHO SHOULD CERTIFY THE CAUSE OF DEATH

Are external causes involved in the sequence leading to death? If YES, refer to the coroner.

- Was <u>trauma</u> involved at any point in the sequence leading to the death? Examples include confusions, burns, fall, gunshot wound, exsanguination, car accident, compression fracture, exposure, etc.
- Is there a <u>suggestion</u> of trauma or a condition that could be caused by either natural or external means? Examples include coma, paraplegia anoxic encephalopathy, hematoma, etc., without a natural etiology given.
- Is this a <u>late effect</u> of an old injury? Is the terminal event due to residual effects, later complication, or chronic condition that *resulted* from an old injury? Examples include: pneumonia due to paraplegia due to car accident 20 years ago.
- Was this death sudden or unexpected? If so, is the cause known? If not, this may be a coroner's case.

Are you a physician, physician assistant or advanced practice professional nurse signing for your associate?

If so, did you view the body? If not, you do not meet the legal requirements to sign this death certificate. See §39-260(1)(b), Idaho Code, printed above for the complete criteria an associate physician, physician assistant or advanced practice professional nurse must meet to sign as certifier,

Do you work in ER?

- If so, do you know how the sequence of events leading to the death began? If you do not know the etiology or underlying cause of the terminal condition that resulted in death, the primary care provider (physician, physician assistant or advanced practice professional nurse) and/or medical records should be consulted before completing the cause of death.
- Is it possible that the initial event may have been a trauma? If so, refer to the coroner.

State of Idaho AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

DECEDENT		* 1. DECEDENT'S LEGAL NAME (Include AKA's	if any) (First, Middle, Last, Suffix)	2. SEX	3. SOCIAL SECURITY NUMBER						
TYPE OR		V	,								
PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN			c. UNDER 1 DAY 5. DATE OF BIRTH (Mo/Day/Yr)	6. BIRTHPLACE (City a	and State, Territory, or Foreign Country)						
			ICTIONS FOR COMPLETING DAT	DED DE ATU CEDTU	TIC ATEC						
			JCTIONS FOR COMPLETING PAF 4; 16; 17a; 17b; 19a or 19b; 20; 21; 22; 23; and 39								
		- At a minimum, complete itema 1, 1	T, 10, 174, 175, 184 of 185, 20, 21, 22, 23, and 09	a for the 24-riodi report and	Authorization for Final Diaposition						
	24-HOUR REPORT OF DEATH If Certificate of Death is completed electronically, a paper 24-Hour Report does not need to be filed In all other cases, a Report of Death must be mailed to (or otherwise filed with) the Local Registrar of the district in which death occurred within 24 hours after taking possession of the body.										
	EM/		s, a Report of Death must be mailed to which death occurred within 24 hours								
	ပ	ARMED		alter taking possessin	on the body.						
	AND	FORCES? CERTIFICATE O		nat Dagiatran whana da	oth a course of within						
	ENT, /	, A Completed dec	ath certificate must be filed with the Loom m the date of death.	cai Registrar where de	au occurred within						
٠	MEI	13a. INFORMANT'S NAME (Type or print)	13b. RELATIONSHIP TO DECEDENT 13c	MAILING ADDDESS (Street or	ed Number City State, Zin Code)						
· .	FERM	13a. INFORMANT 3 NAME (Type of print)	ISB. RELATIONSHIP TO DECEDENT IS	. MAILING ADDITEGG (Gliest Bi	a Number, Ony, Orate, Elp Goday						
DISPOSITION	, INT	* 14. METHOD OF DISPOSITION 15. PI	LACE OF DISPOSITION (Name and address of cemetery	* 16. NAME AND COMPLE	TE ADDRESS OF FUNERAL FACILITY						
	GE,	Burial Cremation crema	atory, other place)								
	ORAG	Donation									
	ST(Other (Specify) * 17a, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE OR PERSON ACTING AS SUCH 1 175 L	ICENSE NUMBER (Of licensee)	18. WAS CORONER CONTACTED						
	S.	Tra. Signature of Foneral Service Ele	PENSEE ON PERSON ACTING ACTION OF THE PERSON ACTION OF THE PERSON ACTION OF THE PERSON	· · · · · · · · · · · · · · · · · · ·	DUE TO CAUSE OF DEATH?						
PLACE OF	TRANSPORTATION,		PLACE OF DEATH (19-		Yes No						
DEATH	ORI		* 19b. IF DEATH OCCURRED SOMEWHERE OTHER		Other (Specify)						
	SP	Inpatient 2 ER/Outpatient 3 DOA 20. FACILITY NAME (If not facility, give street a	and number) * 21. CITY, TOWN, OR LOC	acility s Decedent's home 7: ATION OF DEATH, AND ZIP CO							
	ZAN	() () () () () () () () () ()									
DATE OF		* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month									
DEATH	Ν̈́	Constant of the constant of th									
	INCLUDING										
	INC	AUTH	ORIZATION FOR FINAL DISPOSI	TION - TRANSIT P	ERMIT						
	ON,	1. For all cases except crematio	n, out-of-state transport, or coroner's o	ase, only the morticia	n's signature is necessary						
	DISPOSITION	for final disposition.			•						
	l Š	2. If the body is to be transported	d out-of-state, is a coroner's case, or is	s to be cremated (also	see #3), the death						
	DIS		on must be signed by the person response								
· .		3. If the body is to be cremated	the coroner must give additional author	arization on the Final F	Disposition form only						
	FINA	o. It the body to to to or or indicat,	the defend must give additional dutie	Treat of the treat	rioposition in stay.						
	유										
	유	fetus without obtaining al	ll necessary signatures required	by law is a misden	neanor punishable by a						
	BODY TO	fetus without obtaining al fine of not more than one	ll necessary signatures required thousand dollars (\$1,000) or imp	by law is a misden	neanor punishable by a						
	유	fetus without obtaining al fine of not more than one	ll necessary signatures required	by law is a misden	neanor punishable by a						
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State of Idaho

			*	24-1100	R REPORT OF DE	АП		Local Reg.	. No		
DECEDENT		* 1. DECEDENT'S LEGAL NAME	include AKA's	if any) (First, Middle,	Last, Suffix)		. 2	2. SEX	3. SOCIAL SEC	CURITY NUMBER	
TYPE OR PRINT IN	ath.										
PERMANENT BLACK INK DO NOT USE	Death	4a. AGE-Last Birthday 4b. UNDE Months		c. UNDER 1 DAY 5. Hours Minutes	DATE OF BIRTH (Mo/Day/Yr)	-	6. BIRTH	PLACE (City and S	State, Territory, or	Foreign Country)	,
FELT TIP PEN	/s of	(Years)	(01) 0011117	N/ III OOUNTY							
FOR INSTRUCTIONS	Day	7a. RESIDENCE - STATE OR FORE	IGN COUNT	7b. COUNTY		76. 0	CITY OR T	OWN			
SEE HANDBOOKS	in 5	7d. STREET AND NUMBER				7e. A	PT. NO.	7f. ZIP CODE		7g, INSIDE (CITY
	Within					į				LIMITS?	□No
	File	8. MARITAL STATUS AT TIME OF D	EATH		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)						
	and	☐ Married ☐ Married, but separ			Never married Unknown	l					
PARENTS		10. EVER IN U.S. 11a. FATHER'S ARMED	NAME (First,	Middle, Last, Suffix)			.	11b. BIRTHPLACI	E (State, Territor)	y or Foreign Coun	iry)
	te/k	FORCES?	MAIDEN NA	ME (First, Middle, Las	st Suffix)		- 1	12h BIRTHPI AC	F (State Territon	y, or Foreign Coun	trv)
	Complete/Verify	□ No		The traction and	of same		ĺ		= (0.0.0, 10.11.0.)	y, or rotolgir oddir	,
INFORMANT	Ö	13a. INFORMANT'S NAME (Type o	print)	13b. RE	ELATIONSHIP TO DECEDENT	13c. MAILIN	G ADDRE	SS (Street and Nu	umber, City, State	e, Zip Code)	
notes and the least of the second	IAN:										
DISPOSITION	등	* 14. METHOD OF DISPOSITION		LACE OF DISPOSITION	ON (Name and address of ceme	tery, * 16	. NAME A	ND <u>COMPLETE</u> A	ADDRESS OF FU	UNERAL FACILITY	<i>(</i>
	RTIC	Burial Crematio Donation Entombre		itory, ourse prosey		}					
	8	Removal from Idaho Other (Specify)					1 16de				
		* 17a. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE OR PERSON	ACTING AS SUCH * 17	b. LICENSE I	NUMBER	(Of licensee)	DUE TO CA	ONER CONTACTE AUSE OF DEATH?	
PLACE OF				and a second of the second of	PLACE OF DEATH ([] Yes	s [No	
DEATH		* 19a. IF DEATH OCCURRED IN A			s ☐ Nursing home/Long term ca				her (Specify)		
		* 20. FACILITY NAME (if not facility			* 21. CITY, TOWN, OR I					2. COUNTY OF DE	ATH
DATE OF DEATH		* 23. DATE OF DEATH (Mo/Day/Y) (Spell month	24. TIME (OF DEATH 25. DATE P	RONOUNCE	D DEAD (Mo/Day/Yr) (Spell	month) 26. 1	TIME PRONOUNC	ED DEAD
					(24hr)						(24hr)
CAUSE OF DEATH		PART I. Enter the chain of events				th. DO NOT			as cardiac	Approximate Ir	
		arrest, respiratory arrest, or ventricu IMMEDIATE CAUSE (Final	ar fibrillation v	without showing the et	lology. DO NOTABBREVIATE.	Enter only or	ne cause (on a line:	. !	Onset to Deat	a
		disease or condition a resulting in death)	DUE TO (or a	s a consequence of):					;		
	eath	Sequentially list conditions, b if any, leading to the cause	Pol AM BOOK 4								
	of D	listed on line a. Enter the	DUE TO (or a	s a consequence of):					!	!	
	S	UNDERLYING CAUSE C. LAST (disease or injury that initiated the events									
	2 Hour	that initiated the events resulting in death) 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 28b. WERE AUTOPSY FINDINGS									
	·	FART II. Enter <u>other significant con</u>	IIIOAS CORRID	uning to deam but not	resulting in the underlying caus	e given in Pai	nt 2	PERFORMED	? AV	(AILABLE TO COI IE CAUSE OF DE	MPLETE
	Within	29. DID TOBACCO USE	30. IF FEMA	LE (Aged 10-54):	,,,,,,,,,,,,,,		13	Yes	No :	☐ Yes ☐N	
	Complete	CONTRIBUTE TO DEATH?		nant within past year t at time of death	Not pregnant, but pregreto 1 year before death		ď	Natural	Homicide		
	omo;	☐ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not preg	nant, but pregnant 2 days of death	Unknown if pregnant w	ithin the past		Accident	Pending	•	
ITEMS 32-38 TO BE USED		32, DATE OF INJURY (Mo/Day/Yr)		B. TIME OF INJURY	34. PLACE OF INJURY (ome, farm	Suicide , street, constructi		t be determined 35. INJURY AT	WORK?
	ER	(Spell month)		(2	nursing home, restaurant 24hr)	, torest, etc.)				厂 Yes	[] No
(CORONER)	RTFE	36. LOCATION OF INJURY: Star	e		City/Town or County				Zip Co	ode	
	CER	Street and Number or Location _							Apartment Numi		
	•	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 38a. WAS D	ECEDENT:	Driver/Operator	Passenger 38b. WHAT	SAFETY DE	VICE(S) D	ID DECEDENT US	SE/EMPLOY?		
		INJURY ONLY Pedestri	an 🗍 Othe	er (Specify)		lt []] Child	safety sea	at Helmet	Air bag	None Unk	nown
CERTIFIER IF DEATH WAS		39a. CERTIFIER (Check only one, b			•	PROFESSIO	NAI NUE	ORF .	39b. LICENSE	NUMBER	
DUE TO OTHER THAN NATURAL		- To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated.									
CAUSES, THE CORONER MUST		 CORONER On the basis of examination ar and manner stated. 	d/or investiga	tion, in my opinion, de	eath occurred at the time, date, a	and place, and	d due to th	ne cause(s)	39c. DATE SIG	GNED	
COMPLETE AND SIGN THE CERTIFICATE		Signature and Title of Certifier ▶							, MM	DD YYYY	
CERTIFICATE		* 39d. NAME, ADDRESS, AND ZIF	CODE OF C	ERTIFIER (Type or pri	nt)						
REGISTRAR		40a. REGISTRAR'S SIGNATURE				 			40b. DATE SK	GNED	
Managaria da Maria d		•							MM	DD YYYY	
		41. DECEDENT'S USUAL OCCUPA	TION (Indicat	a type of work done d	STATISTICAL INFORMAT		CEDENT	S BACE /Chock o		s to indicate what t	the state of the s
		Do not use retired	TOT (maicai	e type or work done d	uning most of working mey			ered himself or her		s to indicate what t	ile.
	/erify	42. KIND OF BUSINESS/INDUSTRY					01 White 10 Other Asian (Specify)				
	ete/Verify	43. DECEDENT'S EDUCATION (Check the 44. DECEDENT OF HISPANIC ORIGIN? (Check or									
,	Compl	box that best describes the highest degree or level of school completed at the time of death) or more boxes to best describe whether the deced is Spanish/Hispanic/Latino. Check the "No" box if describe the contribution of the spanish/Hispanic/Latino.					(Name of the enrolled or principal tribe)				
		decedent is not Spanish/Hispanic/Latino) This sth grade or less (includes none) This prode, but no diploma No, not Spanish/Hispanic/Latino					12; Guamanian or Chamorro				
ition	AN	₃ ☐ High school graduate or GED co	mpleted		Mexican American, Chicano		Asian India Chinese	en	14 jiii Othe	er Pacific Islander	(Specify)
47 r institution	TICIA	4 Some college credit, but no deg 5 Associate degree (eg, AA, AS)	ee	z Yes, Puerto Ric	can	06 [] F					
CEDE:	`დ	s ` Bachelor's degree (eg, AB, BA, 7 Master's degree (eg, MA, MBA,		a Yes, Cuban			Japanese	7.	18], Othe	er (Specify)	
NAME OF DECEDEN For use by certifier a	MO	MEng, MS, MSW)		4 Yes, other Spar	nish/Hispanic/Latino		Korean √ietnames	e	LEGISLOS		
NAME - For use		8 ☐ Doctorate or professional degree DDS, DO, DVM, EdD, JD, LLB,	VD, PhD)	(Specify)					HATTAY.		
Rev. 5/2010	* A	a minimum, complete items 1;	4; 16; 17a;	17b; 19a or 19b; 20); 21; 22; 23; and 39d for the	24-Hour R	eport and	Authorization f	or Final Dispo	sition BISTRAR (COPY
								Sam Paul			" - Table III

IDAHO CODE

39-268. Authorization For Final Disposition

- (1) The mortician or person acting as such who first assumes possession of a dead body or stillborn fetus shall make a written report to the registrar of the district in which death or stillbirth occurred or in which the body or stillborn fetus was found within twenty-four (24) hours after taking possession of the body or stillborn fetus, on a form prescribed and furnished by the state registrar and in accordance with rules promulgated by the board. Except as specified in subsection (2) of this section, the written report shall serve as permit to transport, bury or entomb the body or stillborn fetus within this state, provided that the mortician or person acting as such shall certify that the physician, physician assistant or advanced practice professional nurse in charge of the patient's care for the illness or condition which resulted in death or stillbirth has been contacted and has affirmatively stated that said physician, physician assistant or advanced practice professional nurse or the designated associate according to section 39-260(1)(b) or (4)(a), Idaho Code, will sign the certificate of death or stillbirth.
- (2) The written report as specified in subsection (1) of this section shall not serve as a permit to:
 - (a) Remove a body or stillborn fetus from this state;
 - (b) Cremate the body or stillborn fetus; or
 - (c) Make disposal or disposition of any body or stillborn fetus in any manner when inquiry is required under chapter 43, title 19, Idaho Code, or section 39-260(2) or (5), Idaho Code.
- (3) In accordance with the provisions of subsection (2) of this section, the mortician or person acting as such who first assumes possession of a dead body or stillborn fetus shall obtain an authorization for final disposition prior to final disposal or removal from the state of the body or stillborn fetus. The physician assistant, advanced practice professional nurse or coroner responsible for signing the death or stillbirth certificate shall authorize final disposition of the body or stillborn fetus, on a form prescribed and furnished by the state registrar. If the body is to be cremated, the coroner must also give additional authorization. In the case of stillbirths, the hospital may dispose of the stillborn fetus if the parent(s) so requests; authorization from the coroner is not necessary unless the coroner is responsible for signing the certificate of stillbirth.
- (4) When a dead body or stillborn fetus is transported into the state, a permit issued in accordance with the law of the state in which the death or stillbirth occurred or in which the body or stillborn fetus was found shall authorize the transportation and final disposition within the state of Idaho.
- (5) A permit for disposal shall not be required in the case of a dead fetus of less than twenty (20) weeks gestation and less than three hundred fifty (350) grams or twelve and thirty-five hundredths (12.35) ounces where disposal of the fetal remains is made within the institution where the delivery of the dead fetus occurred.

DEPARTMENT OF HEALTH AND WELFARE RULES

16.02.08.850 Removal of Dead Body or Fetus from Place of Death or Stillbirth.

Before removing a dead body or fetus from the place of death or stillbirth, the funeral director, or person acting as such, must, in accordance with Section 39-268, Idaho Code: (4-2-08)

01. Obtain Assurance that Death is from Natural Causes.

Obtain assurance from the attending physician, physician essistant, advanced practice professional nurse, or his designee, responsible for medical certification of the cause of death or stillbirth; (4-2-08)

a. That the death or stillbirth is from natural causes; and . (4-2-08)

 That the attending physician, physician assistant or advanced practice professional nurse, or his designee, will assume responsibility for certification of the cause of death or stillbirth; or (4-2-08)

02. Notify the Coroner.

Notify the coroner when: (4-2-08)

- a. The case falls within the jurisdiction of the coroner in accordance with Section 39-260, Idaho Code; or (4-2-08)
- b. The death or stillbirth is due to natural causes and: (4-2-08)
 - i. There was no attending physician, physician assistant, or advanced practice professional nurse during the last illness; or (4-2-08)
 - ii. There was no physician, physician assistant, or advanced practice professional nurse in attendance at the stillbirth; or
 - iii. When the attending physician, physician assistant, advanced practice professional nurse, or his designate, is not available or is physically incapable of providing assurance that the death or stillbirth is from natural causes or providing permission to remove the dead body or fetus from the place of death or stillbirth.

 (4-2-08)

03. Receive Permission to Remove the Dead Body or Fetus.

Receive permission to remove the dead body or fetus from the place of death or stillbirth from:

(4-2-08)

(4-2-08)

- b. The coroner, if the case falls within the jurisdiction of the coroner, in accordance with Section 39-260, Idaho Code, or, if the death or stillbirth is due to natural causes and one (1) of the conditions listed in Subsections 850.02.b.i. through 850.02.b.iii. of this rule has been met.
 (4-2-08)