

MONTANA
CERTIFICATE OF DEATH

366

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51042

SEARCHED

Local File Number

DECEDENT'S NAME (First, Middle, Last)		SEX	DATE OF DEATH (Month, Day, Year)
Alice		<input checked="" type="checkbox"/> Female	April 18, 1991
RACE—American Indian, Black, White, etc. (Specify)		AGE— 66	UNDER 1 YEAR
		Months	Days
		Hours	Minutes
75. PLACE OF DEATH (Check only one)		DATE OF BIRTH (Month, Day, Year)	
<input type="checkbox"/> Hospital <input type="checkbox"/> Hospital <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		76. CITY, TOWN, OR LOCATION OF DEATH	
FACILITY NAME (If not institution, give street and number)		77. Billings, Montana	
Saint Vincent Hospital			
BIRTHPLACE (City and State or Foreign Country)		SURVIVING SPOUSE (If wife, give maiden name)	
Billings, Montana		Farnabas H. Schaff	
SOCIAL SECURITY NUMBER		MARRITAL STATUS	
517-22-9633		<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced	
RESIDENCE—STATE		KIND OF BUSINESS/INDUSTRY	
Montana		12b. Hope	
INSIDE CITY LIMITS? (Yes or no)		13. WAS DECEDENT EVER IN US ARMED FORCES? (Yes or no)	
Yes		No	
14a. 59106		14b. Yellowstone	
14c. German		14d. 869 North Radford Square	
14e. Yes		16. DECEDENT'S EDUCATION (Specify only highest grade completed)	
		Elementary/Secondary (0-12) College (13 or 5+1)	
PARENTS		17. FATHER'S NAME (First, Middle, Last)	
		Henry Meyers	
INFORMANT		18. MOTHER'S NAME (First, Middle, Maiden Name)	
		Gertrude Mossman	
METHOD OF DISPOSITION		19. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	
<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State		869 North Radford Square, Billings, Montana	
DISPOSITION		20. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	
		21. LOCATION—City or Town, State	
20a. Dahl Crematory		22. Bozeman, Mt 59715	
SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION		23. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the cause of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See instructions on other side.)	
		IMMEDIATE CAUSE (Final disease or condition resulting in death)	
		a. Ventricular fibrillation	
		DUE TO (OR AS A CONSEQUENCE OF): FILED FOR RECORD	
		b. SKAMANIA CO WASH	
		c. BY STARVIA INC. 1991	
		d. Oct 24 10 36 AM '91	
24. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		25. DUE TO (OR AS A CONSEQUENCE OF): One hr.	
Status post cerebral hemorrhage.		WAS AN AUTOPSY PERFORMED? NO	
		26. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Mark one)	
		CARLYN N. OLSON	
27. MANNER OF DEATH		27a. DATE OF INJURY (Month, Day, Year)	
<input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation		27b. TIME OF INJURY	
<input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined		27c. INJURY AT WORK? (Yes or no)	
<input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		27d. DESCRIBE HOW INJURY OCCURRED	
		27e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)	
		27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
28a. TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		28b. TO BE COMPLETED BY CORONER ONLY. 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 and Title)		29. CLERK & RECORDER	
DATE FILED (Month, Day, Year)		30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print)	
29a. 4/19/91		30a. Dr. Kipp Hebb, 1145 North 28th Street, Billings, MT 59101	
29b. 231451		30b. DATE FILED (Month, Day, Year)	
29c. M 29		30c. HOUR OF DEATH	
29d. 231451		30d. PRONOUNCED DEAD (Hour)	
29e. M		30e. 231	
HEISTRATOR		31a. LOCAL REGISTRATION SIGNATURE	
		31b. DATE FILED (Month, Day, Year)	
		4/19/91	
		INDEXED, FILED, SERIALIZED, INDEXED, FILED, SERIALIZED, INDEXED, FILED	

STATE OF MONTANA,
County of Yellowstone,This is to certify that the within instrument is a true and
correct copy of the instrument filed in the Duplicate
Record on the day of April, 1991.Witnessed by: **TONY HAYES, County Clerk & Recorder**

Seal

this **19th** day of **April**, **1991**.By: **TONY HAYES, County Clerk & Recorder**