1.DECEDENT'S						FICATE OF	DEAT		State File Numb	CI. 200	1002-0024	100
	S NAME (First	t, Middle, Last)				AKAs (If Any)				14-24-24		PRESUMED DATE
Elizabeth	ا ا معنده ا	ncoln								1000000	DEATH (Mo/I	Day/Yr) (Spell Month
2.SEX		SECURITY NUMBER	Ago la	et Birthday	4b Under	Voor Ac Und	ler 1 Day	5 DATE	OF BIRTH		COUNTY OF	
			(Years)	st Birthday	4b.Under Months		Minu	tes (Month,D	ay,Year)			DLAIII
Female	556-66			_58				Janua	ary 26, 1947		lissoula	
4.PLACE OF [		(Check only one)		OTHER			r w.	<b>177</b> 5				
HOSPITAL:		ER/Outpatient Dea			☐ Nursing H	ome/Long term car			dence Hospic		er	
15.FACILITY NA 1734 Cool	A. S.	If not institution, give st	treet and numb	ber)			22 1 500000000	soula	LOCATION OF D	EATH		
6.BIRTHPLACE		nd State or Eoroian Co	untru)	OMAR	RITAL STATU	c	IVIIS	Soula	40 CLIDVIVINO	CDOLLCE		
		nd State or Foreign Co	ountry)	□Ne	ver Married	□Wido		Married	10.SURVIVING	SPUUSE		
El Paso, T					rried but Sepa		LILE DE LETTER	Unknown		Table		
54.DECEDENT' most of working		. 1997 (A) 1997 - A - A - A - A - A - A - A - A - A -	ind of work do	ne during	55.KIND	OF BUSINESS/	INDUST	RY			DECEDENT E FORCES?	EVER IN US
Loss Prev					Retai	Stores				Yes		
7a.RESIDENCE	STATE	7b.COUNTY		7c.CITY, TC	OWN, OR LO	CATION	7d.STR	REET NUMBER	2		7f.ZIP CODE	7g.INSIDE CI
Montana		Missoula		Missoula	a		1734	Cooper			59802	Yes □ No
51.DECEDENT'	S EDUCATIO		52.DECEDEN				5	3.DECÉDENT	'S RACE (Check	one or mor	e races to indic	cate what the
the highest diple	oma or degree	received)				her the deceden	113	decedent consi	iders himself or he	rself to be.	)	
8th grade or			is not Spanish			box if the deced	ent	White	dana Amandana	Samo		
9th-12th grad	graduate or G	ED completed		Spanish/Hispa				☐ Native H	rican American lawaiian	☐ Other	Asian (Specify	у)
☐ Some college, but no degree				Yes, Mexican, Mexican American, Chicano  Asian Indian					dian	Other	Pacific Island	er (Specify)
Bachelor's Degree (e.g. BA,AB,BS)			Yes, Cul	oan				☐ Chinese☐ Filipino		Ameri	ican Indian or A	Alaska Native
Master's Degree (e.g. MA,MS,Meng,Med, MSW,MBA)				☐ Yes, other Spanish/Hispanic/Latino (Specify)				☐ Japanese☐ Guamanian or Chamorro			(Name of the enrolled or principal tribe)	
☐ Doctorate (e.	[26] 현대 [18] [18] [18] [18] [18] [18] [18] [18]							☐ Korean		Other	(Specify)	
degree (e.g.	MD,DDS,DVM	I,LLB,JD)				¥*		☐ Vietname	ese	<del>2</del>		
11.FATHER'S	NAME (First, I	السند. Middle, Last)				12.MOTHER'S	NAME	(First, Middle,	last name before	irst marriag	ge)	
Larry Balla	ard		Ť			Martha H	arvey					
13a.INFORMAI	NT'S NAME		13b.RELA	TION TO DEC	CEDENT	13c.MAILING	ADDRE	SS (Street and	Number or Rural	Route Num	nber, City or To	own, State, Zip Code
Martha Cooper Mother						1734 Coc	per,	Missoula,	Montana 59	9802		
18.METHOD O		Security		19.PLA0	CE OF DISPO	SITION		20	0.LOCATION	(City or To	wn, State	
☐Burial ☐Entombment		on Removal from St	tate	Garde	en City C	rematory		N	Missoula, Mo	ntana		
		L SERVICE LICENSE	E OR OTHER			3.MONTANA LIC	CENSE I				FUNERAL FA	ACILITY
IN CHARGE OF	DISPOSITIO				(0	of licensee if app		7	Sarden City		용명하는 사람들은 경기를 가고 있다면 가장 하는 것이 되었다. 그렇게 하는 사람들이 되었다면 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른	
Wayne J.	Enter the second second second					430			Broadway, N	lissoula	a, iviontana	a 59808
		BE COMPLETED		ON		PRONOUNCED	DEAD	(Month/Day/Ye	ear)		PRONOUNCE	D DEAD
		S OR CERTIFIES				07, 2005				7:40		
26.SIGNATURE	OF PERSON	N PRONOUNCING DE	ATH (only whe	en applicable)						27.LICENS	SE NUMBER	
									7.31			
28.DATE SIGN	ED (Month/Da	ly/Year)		00 407	IIAI OD DDE	OLIMED TIME O	FDEAT	[				
						SUMED TIME O	F DEAT	H 31.V	VAS MEDICAL EX	AMINER C	OR CORONER	R CONTACTED?
April 12, 2	005				UAL OR PRE	SUMED TIME O	F DEAT		VAS MEDICAL EX	AMINER C	OR CORONER	CONTACTED?
April 12, 2	005		CAUSE	7:40	Actual	sumed time o				AMINER C		ximate interval:
32. PART I. En	ter the chain of e	vents - diseases, injuries, o	r complications	7:40 E OF DEA  that directly	Actual TH (See in caused the dear	nstructions and the DO NOT enter te	nd exa	ample) ents such as cardi	☐ Yes         No iac	AMINER C	Approx (Includ	
32. PART I. En	ter the chain of e y arrest, or ventr	vents - diseases, injuries, o	or complications owing the etiology	7:40 E OF DEA  that directly DO NOT ABB	Actual TH (See in caused the dear	nstructions and the DO NOT enter te	nd exa	ample) ents such as cardi	☐ Yes         No iac	AMINER C	Approx (Includ etc.)	ximate interval: le Min. Hr. Day, Yrs,
32. PART I. En	ter the chain of e y arrest, or ventr USE (Final disea	vents - diseases, injuries, o icular fibrillation without shouse	or complications owing the etiology geal canc	7:40 E OF DEA  that directly DO NOT ABBE	Actual TH (See in caused the dear	nstructions and the DO NOT enter te	nd exa	ample) ents such as cardi	☐ Yes         No iac	AMINER C	Approx (Includ etc.)	ximate interval:
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32. PART I. Entrarrest, respirator IMMEDIATE CA or condition results.	ter the chain of e y arrest, or ventr USE (Final disea Iting in death)	vents - diseases, injuries, or icular fibrillation without should be assessed as a Laryn DUE	or complications owing the etiology of the eti	7:40 E OF DEA  that directly DO NOT ABBI cer equence of):	Actual TH (See in caused the dear	nstructions and the DO NOT enter te	nd exa	ample) ents such as cardi	☐ Yes         No iac	AMINER C	Approx (Includ etc.)	ximate interval: le Min. Hr. Day, Yrs,
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32. PART I. Enter arrest, respirator IMMEDIATE CA or condition results leading to the calenter the UNDER CAUSE (disease initiated the ever death) LAST.	ter the chain of e y arrest, or ventr USE (Final disea Iting in death) = conditions, if any use listed on line RLYING or injury that its resulting in	events - diseases, injuries, or icular fibrillation without shows a. Laryn DUE	r complications owing the etiology of the etio	7:40 E OF DEA That directly DO NOT ABBI equence of): equence of):	Actual TH (See in caused the dear REVIATE, Enter	nstructions and the contraction of the contractions and the contractions and the contractions are contracted as a contraction of the contraction o	nd exa	ample) ents such as cardi	Yes No	AN AUTO	Approx (Includetc.)  UNE	ximate interval: le Min. Hr. Day, Yrs,
32. PART I. Enter arrest, respirator IMMEDIATE CA or condition results leading to the calenter the UNDER CAUSE (disease initiated the ever death) LAST.	ter the chain of e y arrest, or ventr USE (Final disea Iting in death) = conditions, if any use listed on line RLYING or injury that its resulting in	events - diseases, injuries, or icular fibrillation without shows a. Laryn DUE	r complications owing the etiology of the etio	7:40 E OF DEA That directly DO NOT ABBI equence of): equence of):	Actual TH (See in caused the dear REVIATE, Enter	nstructions and the contraction of the contractions and the contractions and the contractions are contracted as a contraction of the contraction o	nd exa	ample) ents such as cardi	Yes No	S AN AUTO	Approx (Includetc.)  DPSY PERFORM SY FINDINGS	ximate interval: le Min. Hr. Day, Yrs,  KNOWN  RMED?
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32. PART I. Entarrest, respirator IMMEDIATE CA or condition results leading to the calenter the UNDER CAUSE (disease initiated the ever death) LAST.  PART II Other Strategy of the calent of the ever death of th	ter the chain of end arrest, or ventrous (Final disease) thing in death) - conditions, if any use listed on line RLYING or injury that has resulting in the er significant of the Pending Investigation of the Pendin Investigation of the Pending Investigation of the Pending Inves	vents - diseases, injuries, oricular fibrillation without shows as Laryn DUE.  a. Laryn DUE.  b. DUE.  d.  conditions contributing as as as as a contributing as a contribution as a contributio	TO (or as a consector of the death but not be the d	7:40  FOR DEA  That directly DO NOT ABBI  Cer equence of):  equence of):  ot resulting in  USE CONTRI  Probably Unknown	TH (See in caused the dear REVIATE. Enter	structions and the DO NOT enter the only one cause given in a second sec	t within part I	ents such as cardi l'additional lines if past year egnant within 4	☐ Yes ☐ No iac f necessary.  33.WAS ☐ Yes 34.WEF PRIOR ☐ Yes 12 days of death s to 1 year before	AN AUTO S NO RE AUTOPS TO COMPI S No	Approx (Includetc.)  unk  DPSY PERFOR  SY FINDINGS LETION OF CA  Pregna Unknow	eximate interval:  de Min. Hr. Day, Yrs,  KNOWN  RMED?  S AVAILABLE AUSE OF DEATH  ant at time of death own if pregnant withile ar
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