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State of Idaho

CERTIFICATE OF DEATH

State File No.
Local Reg. No. 458
Reg. Dist. No. 32

TYPE OR PRINT IN PERMANENT INK

DECEDENT

1. DECEDENT — NAME: First: George | Middle: "Bud" Henry | Last: Jerread, Jr.
2. SEX: Male
3. DATE OF DEATH (Mo., Day, Yr.): May 6, 1983
4. RACE — (White, Black, American Indian, Japanese, etc.): White
5a. AGE — Last Birthday (Yrs.): 68
5b. UNDER 1 YEAR: MON. / DAYS
5c. UNDER 1 DAY: HOURS / MINS.
6. DATE OF BIRTH (Mo., Day, Yr.): April 10, 1915
7. COUNTY OF DEATH: Ada
7a. CITY, TOWN OR LOCATION OF DEATH: Boise
7b. HOSPITAL OR OTHER INSTITUTION — Name (If not in either, give street and number): 9390 Ustick Road, Space 22
7c. IF HOSP. OR INST. Indicate DOA or Emer. Rm., Inpatient (Specify): at home
8. STATE OF BIRTH (If not in U.S.A. name country): Washington
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Betty Rawson
12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No): Yes
13. SOCIAL SECURITY NUMBER: 535-10-4772
14a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortician (retired owner)
14b. KIND OF BUSINESS OR INDUSTRY: Jerread's Chapel of the Chimes
15. RESIDENCE — STATE: Idaho
15a. COUNTY: Ada
15b. CITY, TOWN OR LOCATION: Boise
15c. STREET AND NUMBER: 9390 Ustick Road
15d. INSIDE CITY LIMITS (Yes or No): Yes

PARENTS

16. FATHER — NAME: George H. Jerread, Sr.
16a. BIRTHPLACE: Washington
17. MOTHER — MAIDEN NAME: Elizabeth M. Holland
17a. BIRTHPLACE: Iowa
18. INFORMANT — NAME: Mrs. Betty Jerread, wife
18a. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE): 9390 Ustick Road, Sp. 22, Boise, Idaho 83704

DISPOSITION

19. BURIAL, CREMATION, REMOVAL (Specify): Burial
19a. DATE: May 10, 1983
19b. CEMETERY OR CREMATORY — NAME: Meridian Cemetery
19c. LOCATION (CITY OR TOWN, STATE): Meridian, Idaho
20. MORTICIAN (Signature): Lee Jerread
20a. LICENSE NO.: M-491
20b. NAME OF FACILITY: Jerread's Chapel of the Chimes, Inc.
20c. ADDRESS OF FACILITY: 105 E. Carlton, Meridian

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

To be Completed by ATTENDING PHYSICIAN Only:
21a. I hereby certify that I attended the deceased from _____ to _____. I last saw the deceased alive on _____. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Michael L. Johnson, Ada County Coroner, 7200 Barrister Drive, Boise, Idaho 83705

To be Completed by CORONER Only:
22a. 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) stated.
(Coroner) (Signature): Michael L. Johnson
22b. DATE SIGNED (Mo., Day, Yr.): 5-11-83
22c. HOUR OF DEATH: approx. 5:30 P.M.
22d. PRONOUNCED DEAD (Mo., Day, Yr.): on May 6, 1983
22e. PRONOUNCED DEAD (Hour): at 6:45 P.M.

REGISTRAR
23a. (Signature): Georgia Chapin
23b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): May 17, 1983

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

PART I
25. IMMEDIATE CAUSE (Enter only one cause per line for (a), (b), and (c)).
(a) Apparent myocardial infarction — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(b) Aortic aneurysm probable — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:

PART II
26. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a).

27a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
27b. DATE OF INJURY (Mo., Day, Yr.)
27c. HOUR OF INJURY
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK (Yes or No)
27f. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
27g. LOCATION — STREET OR R.F.D. NO., CITY OR TOWN, STATE
28. AUTOPSY (Yes or No): No

State of Idaho)
County of Ada)

CERTIFICATE

THIS IS TO CERTIFY that this is a certified copy of a certificate filed with the Department of Health and Welfare under Title 39, Idaho Code.

MAY 17 1983
Date Issued

Lee Jerread R.N.
State Registrar of Vital Statistics

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ of February A.D., 19 87 at 10:30 o'clock A M., and duly recorded in Vol. M87, of Deeds on Page 2473.

FEE $5.00

Evelyn Biehn, County Clerk
By _____