FORM V.S. 3 (1988 revision)

MONTANA
CERTIFICATE OF DEATH

Local File Number: 367333

State File Number:

DECEDENT

1. DECEDENT'S NAME (First): James	(Middle): T.	(Last): Shaw	2. SEX: Male	3. DATE OF DEATH (Month, Day, Year): December 16, 2002	
4. RACE—American Indian, Black, White, etc. (Specify): White	5a. AGE—Last Birthday (Years): 72	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year): February 24, 1930	7a. COUNTY OF DEATH: Flathead

7b. PLACE OF DEATH (Check only one): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Residence ☐ Other (Specify)

7c. FACILITY NAME (If not institution, give street and number): Brendan House	7d. CITY, TOWN, OR LOCATION OF DEATH: Kalispell

8. BIRTHPLACE (City and State or Foreign Country): Wheatland, Wyoming	9. MARITAL STATUS: ☐ Never Married ☐ Widowed ☒ Married ☐ Divorced	10. SURVIVING SPOUSE (If wife, give maiden surname): Jean Anderson

11. SOCIAL SECURITY NUMBER: 520-28-3843	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Land Surveyor	12b. KIND OF BUSINESS/INDUSTRY: Self- Employed	13. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or no): No

14a. RESIDENCE—STATE: Montana	14b. COUNTY: Flathead	14c. CITY, TOWN, OR LOCATION: Kalispell	14d. STREET NUMBER: 350 Conway Drive

14e. INSIDE CITY LIMITS? (Yes or no): Yes	14f. ZIP CODE: 59901	15. ANCESTRY—Mexican, Puerto Rican, Cuban, African, English, Irish-German, Hmong, etc. (Specify): American	16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

17. FATHER'S NAME (First, Middle, Last): James A. Shaw	18. MOTHER'S NAME (First, Middle, Maiden Surname): Crystal Hill

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Jean Shaw	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 537 West Colorado ST. Kalispell, MT 59901

DISPOSITION

20a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Removal from State ☐ Other (Specify)	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Buffalo Hill Crematory	20c. LOCATION—City or Town, State: Kalispell, Montana	
21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION: Jayson D. Watkins	21b. MONTANA LICENSE NUMBER (of Licensee): 605	22. NAME AND ADDRESS OF FACILITY: Buffalo Hill Funeral home 1890 Hyw 93 Northh Kalispell, Montana 59901	

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (See Instructions on other side)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Cardiomyopathy	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions if any, leading to immediate cause. Enter **Underlying Cause** (Disease or injury that initiated events resulting in death) **Last**	b.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

24a. WAS AN AUTOPSY PERFORMED? (Yes or no): No	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
25. WAS CASE REFERRED TO CORONER? (Yes or no): No	

26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Could not be Determined ☐ Suicide ☐ Homicide	DATE OF INJURY (Month, Day, Year) 27a.	TIME OF INJURY 27b. M	INJURY AT WORK? (Yes or no) 27c.	DESCRIBE HOW INJURY OCCURRED 27d.
	PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 27e.			LOCATION (Street and Number or Rural Route Number, City or Town, State) 27f.

CERTIFIER

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. (Signature and Title)		29a. 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)	
28b. DATE SIGNED (Month, Day, Year): December 18, 2002	28c. HOUR OF DEATH: 16:10 p M	29b. DATE SIGNED (Month, Day, Year)	29c. HOUR OF DEATH M
28d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		29d. DATE PRONOUNCED DEAD (Month, Day, Year)	29e. PRONOUNCED DEAD (Hour) M

30. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) (Type or Print): Loren S. Vranish 1287 Burns Way Kalispell, Montana 59901

REGISTRAR

31a. LOCAL REGISTRAR'S SIGNATURE: Alice Dall	31b. DATE FILED (Month, Day, Year): December 19, 2002

CLERK & RECORDER 4

STATE OF MONTANA)
:ss
FLATHEAD COUNTY)

I, SUSAN W. HAVERFIELD CLERK AND RECORDER, IN AND FOR THE SAID COUNTY OF FLATHEAD, STATE OF MONTANA, HEREBY CERTIFY THE ANNEXED AND FOLLOWING TO BE A FULL, TRUE AND CORRECT COPY OF A CERTAIN:

( ) BIRTH CERTIFICATE
(X) DEATH CERTIFICATE

TOGETHER WITH THE ENDORSEMENT THEREON, AS THE SAME APPEARS OF RECORD IN THIS OFFICE.

AFFIXED THIS 19 DAY OF DECEMBER, 2002.

SUSAN W. HAVERFIELD
CLERK AND RECORDER
BY Dawn Jones DEPUTY