

State of Idaho
AUTHORIZATION FOR FINAL DISPOSITION-TRANSIT PERMIT

DECEDENT

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN

* 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) SHIRLEY ANN GREENHALGH				2. SEX FEMALE	3. SOCIAL SECURITY NUMBER 546-40-5774
4a. AGE-Last Birthday 89 (Years)	4b. UNDER 1 YEAR Months : Days	4c. UNDER 1 DAY Hours : Minutes	5. DATE OF BIRTH (Mo/Day/Yr) 12/31/1925	6. BIRTHPLACE (City and State, Territory, or Foreign Country) TWIN FALLS, IDAHO	

THE FORM MUST ACCOMPANY THE BODY TO FINAL DISPOSITION, INCLUDING TRANSPORTATION, STORAGE, INTERMENT, AND CREMATION

INSTRUCTIONS FOR COMPLETING PAPER DEATH CERTIFICATES

* 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

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.

10. EVER IN U.S. ARMED FORCES?
 Yes
 No

CERTIFICATE OF DEATH
 A completed death certificate must be filed with the Local Registrar where death occurred within five (5) days from the date of death.

DISPOSITION

13a. INFORMANT'S NAME (Type or print) CHRISTINE CAHILL	13b. RELATIONSHIP TO DECEDENT PERSONAL REPRESENTATIVE	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3802 S. EDGEVIEW DR. NAMPA, ID 83686
* 14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment	15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) SUMMERS CREMATORY 3629 EAST USTICK ROAD MERIDIAN, IDAHO 83642	* 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY NAMPA FUNERAL HOME - YRAGUEN CHAPEL 415 12TH AVENUE SOUTH NAMPA, IDAHO 83651

PLACE OF DEATH

* 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: JOHN A. YRAGUEN	* 17b. LICENSE NUMBER (Of licensee) M0660	18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PLACE OF DEATH (19-22)		
* 19a. IF DEATH OCCURRED IN A HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA	* 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 4 <input type="checkbox"/> Hospice facility 5 <input checked="" type="checkbox"/> Nursing home/Long term care facility 6 <input type="checkbox"/> Decedent's home 7 <input type="checkbox"/> Other (Specify) _____	
* 20. FACILITY NAME (If not facility, give street and number) CLEARWATER HOUSE	* 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE NAMPA, ID 83651	* 22. COUNTY OF DEATH CANYON
* 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) March 13, 2015		

DATE OF DEATH

AUTHORIZATION FOR FINAL DISPOSITION - TRANSIT PERMIT

- For all cases except cremation, out-of-state transport, or coroner's case, only the mortician's signature is necessary for final disposition.
- If the body is to be transported out-of-state, is a coroner's case, or is to be cremated (also see #3), the death certificate and this authorization must be signed by the person responsible for certifying to the cause of death.
- If the body is to be cremated, the coroner must give additional authorization on the Final Disposition form only.

Transporting, accepting for transport, interring, or otherwise disposing of a dead body or stillborn fetus without obtaining all necessary signatures required by law is a misdemeanor punishable by a fine of not more than one thousand dollars (\$1,000) or imprisonment of not more than one (1) year, or both. [In accordance with §39-273(b)(3), Idaho Code]

To Crematory Manager: Do not cremate the body without the coroner's signature on this form.

CORONER'S AUTHORIZATION FOR CREMATION	DATE SIGNED 3 / 17 / 2015 MM DD YYYY
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Signature **ELECTRONICALLY SIGNED:**
I, the Mortician or person acting as mortician, have obtained the authorizations/signatures required in §39-268, Idaho Code, for Authorization for Final Disposition

John A. Yraguen
 Mortician or person acting as mortician (Signature)

Person receiving the remains if transferred out-of-state (Signature)

CERTIFIER'S AUTHORIZATION FOR DISPOSAL

CERTIFIER'S AUTHORIZATION FOR FINAL DISPOSITION <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input checked="" type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER	39b. LICENSE NUMBER
Signature and Title of Certifier _____	39c. DATE SIGNED MM / DD / YYYY
* 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) CRISSIE L. BACON, 132 3RD STREET SOUTH NAMPA, ID 83651	

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