

STATE OF COLORADO

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Edward Stewart COATES IV					2. SEX Male	3. DATE OF DEATH (Month, Day, Year) Found July 30, 2008
4. SOCIAL SECURITY NUMBER 461-89-5428	5a. AGE - Last Birthday (Years) 29	5b. UNDER 1 YEAR Moe : Days	5c. UNDER 1 DAY Hrs : Mins	6. DATE OF BIRTH (Month, Day, Year) Jan. 24, 1979	7. BIRTHPLACE (City and State or Foreign Country) Houston, Texas	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) Motel Room						
10. FACILITY NAME (If not institution, give street and number) 252 Green St. Motel Rm. 246			11. CITY, TOWN, OR LOCATION OF DEATH Parachute		12. COUNTY OF DEATH Garfield	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) N.D.E. Tech		10b. KIND OF BUSINESS/INDUSTRY Chemical		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Never Married		12. SPOUSE (If wife, give maiden name)
13a. RESIDENCE STATE Texas		13b. COUNTY Harris		13c. CITY, TOWN, OR LOCATION Pasadena		13d. STREET AND NUMBER 5338 Findlay Dr.
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 77505		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify file or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify:		15. RACE American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 12						

PARENTS

17. FATHER'S NAME (First, Middle, Last) Edward S. Coates III		18. MOTHER'S NAME (First, Middle, Last) (Reason Normal) Kimaura D. Wade		19. INFORMANT - Name and relationship to decedent. Edward Coates - Father	
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DISPOSITION

20. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21. PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Crematory Of the Pines		22. LOCATION - City or Town, State Crosby, Texas	
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21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH 		21b. NAME AND ADDRESS OF FACILITY: Farnum Holt Funeral Home 405 W. 7th St. Glenwood Spgs, CO 81601			
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22a. REGISTRAR'S SIGNATURE 		22b. DATE FILED (Month, Day, Year) August 22, 2008			
23. TIME OF DEATH Unknown		24. DATE PRONOUNCED DEAD (Month, Day, Year) July 30, 2008		25. TIME OF DEATH (Hour, Minute) 12:15 PM	
26. WAS CORONER NOTIFIED? (Yes or No) Yes					

CERTIFY

26. To the best of my knowledge, death occurred at the time, date and place, and due to the causes and manner as stated. Signature:			27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the causes and manner as stated. Signature:		
28. DATE SIGNED (Month, Day, Year) 8/19/08			29. DATE SIGNED (Month, Day, Year) 8/19/08		

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Thomas Walton, Deputy Coroner, 405 W. 7th St. Glenwood Spgs CO, 81601					
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)					

CAUSE OF DEATH

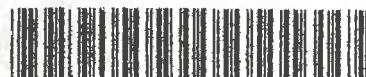
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year) Found 7/30/2008		33b. TIME OF INJURY Unknown		33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33d. DESCRIBE HOW INJURY OCCURRED Ingested Heroin	
		33e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Motel Room				33f. LOCATION (Street and Number or Rural Route Number, City, County, State) 252 Green St. Parachute, Colorado Garfield Co.			
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						35. AUTOPSY (Yes or No) Yes		36. IF YES were findings considered in determining cause of death? Yes	
PART I CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (a) Drug (Heroin) Intoxication						35. AUTOPSY (Yes or No) Yes		36. IF YES were findings considered in determining cause of death? Yes	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g. alcohol abuse, obesity, smoker).									

DATE ISSUED **8-22-08**

Ronald S. Hyman

RONALD S. HYMAN
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW Section 25-2-118 Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



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