STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052018034514

DECEDENT'S LEGAL NAME: ASIAH JOLENE BEGAY						DATE OF DEATH: OCTOBER 20, 2018	
SEX: FEMALE	SOCIAL SECURITY NUMBER: 038-99-9627	AGE-Last Birthday (Years): 4	UNDER 1 YEAR: Months / Days	UNDER 1 DAY: Hours / Minutes	DATE OF BIRTH (Mo/Day/Yr): AUGUST 25, 2014	BIRTHPLACE (State or Foreign Country): COLORADO	
IF DEATH OCCURRED IN HOSPITAL: INPATIENT	IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL						
Facility Name (If not institution, give street & number): CHILDREN'S HOSPITAL COLORADO	CITY, TOWN OR LOCATION OF DEATH: AURORA	COUNTY OF DEATH: ADAMS					
RESIDENCE - STREET AND NUMBER: 30365 HWY 169 E	APT. NO: 8	ZIP CODE: 81301	INSIDE CITY LIMITS: YES				
RESIDENCE STATE: COLORADO	COUNTY: LA PLATA	CITY OR TOWN: DURANGO					
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	KIND OF BUSINESS/INDUSTRY	DECEDENT'S EDUCATION: 8TH GRADE OR LESS					
DECEDENT OF HISPANIC ORIGIN: NO	DECEDENT'S RACE: Native American or Alaska Native (NAVAJO)						
EVER IN US ARMED FORCES: NO	MARITAL STATUS AT TIME OF DEATH: NEVER MARRIED	SPOUSE/PARTNER NAME (If w/o give name prior to first marriage)					
FATHER'S NAME: KAIOL BEGAY	MOTHER'S NAME PRIOR TO FIRST MARRIAGE: SALENCIA BITSILLY						
INFORMANT'S NAME: KAIOL BEGAY	INFORMANT'S RELATIONSHIP TO DECEASED: PARENT						
NAME OF FUNERAL HOME: FARMINGTON FUNERAL HOME	CITY AND STATE OF FUNERAL HOME: FARMINGTON NEW MEXICO	WAS CORONER NOTIFIED: YES					
METHOD OF DISPOSITION: REMOVAL FROM STATE	PLACE OF DISPOSITION: SHIPROCK CEMETERY	LOCATION - CITY, COUNTY, STATE: SHIPROCK SAN JUAN NEW MEXICO					
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY	DATE OF INJURY	TIME OF INJURY				
PLACE OF INJURY							
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE	ACTUAL OR PRESUMED TIME OF DEATH: APPROX 13:42 MIL	DATE PRONOUNCED DEAD (MO/DAY/YR): OCTOBER 20, 2018	TIME PRONOUNCED DEAD: 13:42 MIL				
MANNER OF DEATH: COULD NOT BE DETERMINED	WAS AN AUTOPSY PERFORMED: YES	WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?: YES					

CAUSE OF DEATH

PART I

IMMEDIATE CAUSE (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)

Enter the chain of events-diseases, injuries, or complications-that directly caused the death

		Approximate interval: Onset to death
a	UNDETERMINED	UNKNOWN
b		
c		
d		

PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN — DATE SIGNED

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER — DATE SIGNED: AUGUST 06, 2019

JANIS L SMITH LA PLATA AND SOUTHERN UTE TRIBAL CORONER 1101 E 2ND AVENUE DURANGO CO 81301 LA PLATA

DATE FILED BY REGISTRAR: NOVEMBER 26, 2018

AMENDED

DATE ISSUED **SEPTEMBER 23, 2019**

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.

REV 01/19

A. ALEX QUINTANA
STATE REGISTRAR

009634017

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