

COMMISSIONERS APPROVAL

BURROWS JB

FOSS rF

CHILCOTT 

IMAN JR 

STOLTZ 

Members Present.....Commissioner Jeff Burrows, Commissioner Greg Chilcott and
Commissioner J.R. Iman

Date.....May 6, 2013

► Minutes: Glenda Wiles

► The Board met at 9:10 a.m. on conference call with Bill Kropp of Daly-Leach Memorial Chapel regarding a Stevensville Resident who died of natural causes in American Falls, Idaho, while being taken care of by her sister. The sister is requesting Ravalli County pay for the indigent burial, but information is not forthcoming from the family in order to make a decision on this request for payment to the Mortuary in American Falls. Bill will attempt to obtain further information on the deceased and the Board will make a decision at a later date.

Davis - Rose Mortuary

170 Idaho Street - P. O. Box 413, American Falls, Idaho 83211-0413
(208) 226-2147 ❖ Fax (208) 226-5216
Email - 4davisrose@gmail.com

Mark Gunn Rose, Director
Debra C. Rose
Matthew J. Rose, Director

Serving Southeast Idaho Since 1920

May 6, 2013

Dear Ravalli County Commissioners and Assistants,

Thank you for your consideration of indigent service request on behalf of Lorna Diane McElfish. My name is Matthew Rose and I am a licensed mortician at Davis-Rose Mortuary. I have had a hard time getting information from the daughter of Mrs McElfish. Her sister Jessica Bayya has been somewhat more helpful. It is my understanding that Lorna found out she had cancer and wanted to visit her family. Her sister Jessica and daughter Wendi came up and visited her in Stevensville where she has a trailer home at 327 Park Avenue # 4, Stevensville, MT. They then brought Lorna with them to American Falls to visit family, but her condition worsened and she passed away here in American Falls, Idaho, before they had an opportunity to take her back up to Stevensville. The family desires her to be cremated, and to return her remains to Montana for burial. Wendi the daughter has very little means if any. Jessica, the sister stated that she has no means of helping either.

Please give me a call with any further questions.

Thank you,

Matthew Jay Rose

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Deceased Lorna Diane McElfish
 Date of Death May 1, 2013 Date of Statement May 3, 2013

STATEMENT OF FUNERAL GOODS AND SERVICES SELECTED

(Services to be paid for in full one day prior to services or by verified Assignable Insurance)

PROFESSIONAL SERVICES

Basic Services of Mortuary and Staff \$800.00
 Embalming _____
 Other Preparations of the Body _____
 Hairstyling _____
 Refrigeration 200.00

USE OF FACILITIES, STAFF & EQUIPMENT

Viewing / Visitation / Rosary _____
 Funeral Ceremony at Church or other Facility _____
 Graveside Service _____
 Memorial Service _____

TRANSPORTATION

Transfer of deceased to Funeral Home 200.00
 Funeral Coach _____
 Flower Vehicle _____
 Service / Utility Vehicle _____
 Transportation to and from crematory 200.00

SPECIAL CHARGES

Forwarding Remains to: _____
 Receiving Remains From: _____
 Immediate Burial _____
 Cremation Fee 300.00

TOTAL OF SERVICES \$1700.00

MERCHANDISE

Casket: Cremation Container 150.00
 Outer Burial Container: _____
 Urn: _____
 Tent set up: _____
 Register Book: _____
 Service Folders: _____
 Acknowledgement Cards _____
TOTAL OF MERCHANDISE \$150.00

CASH ADVANCES

REQUIRED TO BE PAID PRIOR TO SERVICES

Certified Copies of Death Certificate @ \$14.00 each + \$5.00 \$ _____
 Obituary Notices _____

 Cemetery Opening & Closing: _____
 (Cemetery Property Purchases paid directly to Sexton by family)
 Clergy Honorarium / Musicians / Video tributes - Paid by Family _____
 Other VA monument setting fee _____
TOTAL CASH ADVANCED ITEMS \$ _____

SUMMARY

Total of Services \$1700.00
 Total for Merchandise 150.00
 Total Cash Advanced Items 0
 Complete Total ~~1850.00~~
 Method of Payment County Indigent Services (\$ 1200.00)

Balance Due _____

Terms: _____

DISCLOSURES

If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as direct cremation or immediate burial. If we charge for embalming, we will explain why below.
 Reason for embalming: _____
 If any law, cemetery or crematory requirements have required the purchase of any items listed, the law or requirement is explained below.

ACKNOWLEDGEMENT AND AGREEMENTS

I (we) authorize Davis-Rose Mortuary to perform services, furnish goods, and incur outside charges specified on this Statement. I (we) acknowledge that I (we) received a General Price List, a Casket Price list and a Outer Burial Container Price List.

Full Payment is due one day prior to performance services. Verified assignable insurance may be applied to offset expenses.

Signed _____ Date _____

Co-Signed _____ Date _____

Co-Signed _____ Date _____

Co-Signed _____ Date _____

Funeral Director _____ Date _____

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Please give me a call with any further questions.

Thank you,

Matthew Jay Rose

Can file
on the
assets

per Greg Chulcott
trailer has no
real value.
per Jeff
woman had
assets - RC. will
not pay #.

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Signed _____ Date _____

Co-Signed _____ Date _____

Co-Signed _____ Date _____

Co-Signed _____ Date _____

Funeral Director _____ Date _____

Idaho UNOFFICIAL DEATH CERTIFICATE ABSTRACT

THIS ABSTRACT IS NOT AN OFFICIAL IDAHO CERTIFICATE OF DEATH AND SHALL NOT BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH

DECEDENT: 1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) LORNA DIANE MCELFISH 2. SEX FEMALE 3. SOCIAL SECURITY NUMBER 216-50-5857 4a. AGE-Last Birthday 66 4b. UNDER 1 YEAR Months Days 4c. UNDER 1 DAY Hours Minutes 5. DATE OF BIRTH (Mo/Day/Yr) 03/31/1947 6. BIRTHPLACE (City and State, Territory, or Foreign Country) UNKNOWN, DISTRICT OF COLUMBIA 7a. RESIDENCE - STATE OR FOREIGN COUNTRY MONTANA 7b. COUNTY RAVALLI 7c. CITY OR TOWN STEVENSVILLE 7d. STREET AND NUMBER 327 PARK AVENUE 7e. APT. NO. 4 7f. ZIP CODE 59870 7g. INSIDE CITY LIMITS? [X] Yes [] No 8. MARITAL STATUS AT TIME OF DEATH [] Married [X] Married, but separated [] Widowed [] Divorced [] Never married [] Unknown 9. SURVIVING SPOUSE'S NAME (if wife, give maiden name) MICHAEL THOMAS SCHWEIBINZ 10. EVER IN U.S. ARMED FORCES? [] Yes [X] No 11a. FATHER'S NAME (First, Middle, Last, Suffix) CHARLES RANKIN FAIRMAN 11b. BIRTHPLACE (State, Territory, or Foreign Country) PENNSYLVANIA 12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) FLORA MAE PEARCE 12b. BIRTHPLACE (State, Territory, or Foreign Country) PENNSYLVANIA 13a. INFORMANT'S NAME (Type or print) WINDI DIANE STOCK 13b. RELATIONSHIP TO DECEDENT DAUGHTER 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 482 HAYES AMERICAN FALLS, ID 83211 14. METHOD OF DISPOSITION [] Burial [X] Cremation [] Donation [] Entombment [] Removal from Idaho [] Other (Specify) 15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) PORTNEUF VALLEY CREMATORY 241 NORTH GARFIELD AVENUE POCATELLO, IDAHO 83204 16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY DAVIS-ROSE MORTUARY 170 IDAHO ST P.O. BOX 413 AMERICAN FALLS, IDAHO 83211-0413 17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 17b. LICENSE NUMBER (Of licensee) M1026 18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? [] Yes [X] No 19a. IF DEATH OCCURRED IN A HOSPITAL: [] Inpatient [X] ER/Outpatient [] DOA [] Hospice facility [] Nursing home/Long term care facility [] Decedent's home [X] Other (Specify) 19b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: 20. FACILITY NAME (if not facility, give street and number) 482 HAYES 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE AMERICAN FALLS, ID 83211 22. COUNTY OF DEATH POWER 23. DATE OF DEATH (Mo/Day/Yr) (Spell month) May 1, 2013 24. TIME OF DEATH (24hr) 04:05 25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) May 1, 2013 26. TIME PRONOUNCED DEAD (24hr) 04:05 27. CAUSE OF DEATH PART I. Enter the chain of events --diseases, injuries, or complications--that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line IMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC CERVICAL CANCER DUE TO (or as a consequence of) b. c. d. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I 28a. WAS AN AUTOPSY PERFORMED? [] Yes [X] No 28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? [] Yes [X] No 29. DID TOBACCO USE CONTRIBUTE TO DEATH? [] Yes [] Probably [X] No [] Unknown 30. IF FEMALE (Aged 10-54): [] Not pregnant within past year [] Pregnant at time of death [] Not pregnant, but pregnant within 42 days of death [] Not pregnant, but pregnant 43 days to 1 year before death [] Unknown if pregnant within the past year 31. MANNER OF DEATH [X] Natural [] Accident [] Suicide [] Homicide [] Pending Investigation [] Could not be determined 32. DATE OF INJURY (Mo/Day/Yr) (Spell month) 33. TIME OF INJURY (24hr) 34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) 35. INJURY AT WORK? [] Yes [X] No 36. LOCATION OF INJURY: State City/Town or County Zip Code Street and Number or Location Apartment Number 37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY 38a. WAS DECEDENT: [] Driver/Operator [] Passenger [] Pedestrian [] Other (Specify) 38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY? [] Seat belt [] Child safety seat [] Helmet [] Air bag [] None [] Unknown 39a. CERTIFIER (Check only one, based on official capacity for this certificate) [X] PHYSICIAN [] PHYSICIAN ASSISTANT [] ADVANCED PRACTICE PROFESSIONAL NURSE - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. [] CORONER - 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 stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: TRAVIS D. NIELSEN, D.O. 39b. LICENSE NUMBER O-00554 39c. DATE SIGNED 5 / 3 / 2013 MM DD YYYY 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) TRAVIS D. NIELSEN, 1951 BENCH ROAD POCATELLO, ID 83201 40a. REGISTRAR'S SIGNATURE 40b. DATE SIGNED MM DD YYYY

STATISTICAL INFORMATION 41. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) Do not use retired MEDICAL TECHNICION 42. KIND OF BUSINESS/INDUSTRY CARE FACILITY 43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) 1 [] 8th grade or less (includes none) 2 [] 9th - 12th grade, but no diploma 3 [X] High school graduate or GED completed 4 [] Some college credit, but no degree 5 [] Associate degree (eg. AA, AS) 6 [] Bachelor's degree (eg. AB, BA, BS) 7 [] Master's degree (eg. MA, MBA, MEd, MEng, MS, MSW) 8 [] Doctorate or professional degree (eg. DDS, DO, DVM, EdD, JD, LLB, MD, PhD) 44. DECEDENT OF HISPANIC ORIGIN? (Check one or more boxes to best describe whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) 0 [X] No, not Spanish/Hispanic/Latino 1 [] Yes, Mexican, Mexican American, Chicano 2 [] Yes, Puerto Rican 3 [] Yes, Cuban 4 [] Yes, other Spanish/Hispanic/Latino (Specify) 45. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) 01 [X] White 10 [] Other Asian (Specify) 02 [] Black or African American 11 [] Native Hawaiian (Name of the enrolled or principal tribe) 03 [] American Indian or Alaska Native (Name of the enrolled or principal tribe) 12 [] Guamanian or Chamorro 04 [] Asian Indian 13 [] Samoan 05 [] Chinese 14 [] Other Pacific Islander (Specify) 06 [] Filipino 15 [] Other (Specify) 07 [] Japanese 08 [] Korean 09 [] Vietnamese

* 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 EDR#: 00000047924

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS MORTICIAN: Complete/Verify and File Within 5 Days of Death MORTICIAN: Complete/Verify and File Within 72 Hours of Death CERTIFIER: Complete Within 72 Hours of Death ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER) NAME OF DECEDENT For use by certifier or institution

Glenda Wiles

From: Davis-Rose Mortuary [4davisrose@gmail.com]
Sent: Monday, May 06, 2013 1:56 PM
To: Glenda Wiles
Subject: Re: Request for indigent services

Yes, Wendi's phone number is 208-226-5078.

On Mon, May 6, 2013 at 1:39 PM, Glenda Wiles <gwiles@rc.mt.gov> wrote:

received, do you have the daughter's phone number?

From: Davis-Rose Mortuary [mailto:4davisrose@gmail.com]
Sent: Monday, May 06, 2013 1:36 PM
To: Glenda Wiles
Subject: Request for indigent services

Hi Glenda,

Thank you for your help with Mrs. McElfish.

Matthew Rose