

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052022016159

DECEDENT'S LEGAL NAME ALAN LEE NIEDERAUER				DATE OF DEATH APRIL 29, 2022			
SEX MALE	SOCIAL SECURITY NUMBER 504-62-7250	AGE-Last Birthday (Years) 69	UNDER 1 YEAR Months _____ Days _____		UNDER 1 DAY Hours _____ Minutes _____		DATE OF BIRTH (Mo/Day/Yr) MAY 26, 1952
			BIRTHPLACE (State or Foreign Country) SOUTH DAKOTA				
IF DEATH OCCURRED IN HOSPITAL INPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL				
Facility Name (If not institution, give street & number) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY			CITY, TOWN OR LOCATION OF DEATH AURORA		COUNTY OF DEATH ADAMS		
RESIDENCE - STREET AND NUMBER 3743 9TH AVENUE					APT. NO.	ZIP CODE 80204	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY DENVER		CITY OR TOWN DENVER		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) COMPUTER PROGRAMER				KIND OF BUSINESS/INDUSTRY COMPUTER		DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE	
DECEDENT OF HISPANIC ORIGIN NO				DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) JUDY SCHMIDT			
FATHER'S NAME GEORGE NIEDERAUER				MOTHER'S NAME PRIOR TO FIRST MARRIAGE BERNITA ROMBOUGH			
INFORMANT'S NAME MELISSA CURTIS				INFORMANT'S RELATIONSHIP TO DECEASED DAUGHTER			
NAME OF FUNERAL HOME BLAKE CREMATION SERVICES INC				CITY AND STATE OF FUNERAL HOME ARVADA COLORADO		WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION FUNERAL DIRECTOR'S SERVICE LLC			LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO		
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, Zip Code)							
DESCRIBE HOW INJURY OCCURRED							
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 00:05 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) APRIL 29, 2022		TIME PRONOUNCED DEAD 00:18 MIL	
MANNER OF DEATH NATURAL				WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	
CAUSE OF DEATH							
PART I		Enter the chain of events - diseases, injuries, or complications that directly caused the death.					Approximate interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a MULTIFACTORIAL SHOCK					HOURS
		b CHRONIC OSTEOMYELITIS AND LOWER EXTREMITY WOUNDS					MONTHS TO YEARS
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)		c TYPE II DIABETES					YEARS
		d					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DEEP VEIN THROMBOSIS; HISTORY OF PULMONARY EMBOLISM; CORONARY ARTERY DISEASE; CHRONIC ANEMIA; CHRONIC KIDNEY DISEASE; CHRONIC SACRAL ULCERS; SLEEP APNEA							
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN EMILY SPENCER DOCTOR 12605 E 16TH AVENUE AURORA CO 80045						DATE SIGNED MAY 02, 2022	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER						DATE SIGNED	
DATE FILED BY REGISTRAR MAY 03, 2022							

DATE ISSUED

MAY 03, 2022

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.

A. ALEX QUINTANA
STATE REGISTRAR



011075315

REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

