

CERTIFICATION OF VITAL RECORD

ND Department of Health and Human Services

Bismarck, North Dakota

Certification of Death

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE VITAL RECORDS UNIT OF THE DIVISION OF PUBLIC HEALTH, NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES, BISMARCK ND, THE FOLLOWING ENTRY OF DEATH:

DECEDENT INFORMATION

NAME: WILLIAM RICHARD WHITE SEX: MALE
SOCIAL SECURITY NUMBER: 502-92-6732 DATE OF DEATH: AUGUST 22, 2025
PLACE OF DEATH: WEBSTER, NORTH DAKOTA MARITAL STATUS: MARRIED BUT SEPARATED
SURVIVING SPOUSE'S NAME: TIME OF DEATH: 21:12
FATHER'S NAME: DICK WHITE DATE OF BIRTH: JULY 30, 1965
MOTHER'S MAIDEN NAME: LOUISE WILSON BIRTHPLACE: DISTRICT OF COLUMBIA
RESIDENTIAL ADDRESS: 6253 HWY 20 U.S. ARMED FORCES: NO
WEBSTER, NORTH DAKOTA 58382 FILING DATE: AUGUST 26, 2025
PLACE DEATH OCCURRED: DECEDENT'S HOME DATE ISSUED: SEPTEMBER 02, 2025
FACILITY OR ADDRESS: 6253 HWY 20 CERTIFICATE NO: 133-25-005098
WEBSTER, NORTH DAKOTA 58382

INFORMANT INFORMATION

INFORMANT: LOUISE WILSON RELATIONSHIP: MOTHER
INFORMANT'S ADDRESS: 2 STAFFORD CT, STERLING, VIRGINIA 20165

DISPOSITION INFORMATION

FINAL DISPOSITION: EAE ENTERPRISES LLC CREMATORY METHOD: CREMATION
DEVILS LAKE, NORTH DAKOTA FUNERAL
FUNERAL HOME: GILBERTSON-GLOGER FUNERAL HOME PRACTITIONER: STEPHANIE ARMSTRONG
DEVILS LAKE, ND 58301 LICENSE NUMBER: 1064

MEDICAL CAUSE OF DEATH INFORMATION

MEDICAL CERTIFIER: JACQUELINE DOWNS, LICENSE NUMBER: 7627
CERTIFIER'S ADDRESS: RAMSEY COUNTY CORONER, DEVILS LAKE, ND 58301
IMMEDIATE CAUSE OF DEATH: UNABLE TO DETERMINE DUE TO ADVANCED DECOMPOSITION
as a consequence of > MULTIPLE MEDICAL CO-MORBIDITIES
as a consequence of >
as a consequence of >
CONTRIBUTING FACTORS: ACUTE-ON-CHRONIC ALCOHOL USE DISORDER. NON-ISCHEMIC CARDIOMYOPATHY. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE. HYPERTENSION.

MANNER OF DEATH: NATURAL
MEDICAL EXAMINER CONTACTED: YES AUTOPSY PERFORMED: NO AUTOPSY FINDINGS AVAILABLE:
TOBACCO CONTRIBUTED TO DEATH: NO DECEASED DIABETIC: NO
DATE OF INJURY: TIME OF INJURY:
PLACE OF INJURY: INJURY AT WORK:
LOCATION OF INJURY: TRANSPORTATION INJURY:

HOW INJURY OCCURRED:

002585649

Darin J. Meschke

Darin J. Meschke
State Registrar of Vital Statistics

This certificate is issued in compliance with the laws of the State of North Dakota
(NOT VALID without reversed raised impression seal in the lower right corner)

