

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052020024270

DECEDENT'S LEGAL NAME
DAVID E SCHULER

DATE OF DEATH
JULY 11, 2020

SEX MALE	SOCIAL SECURITY NUMBER 512-34-3886	AGE-Last Birthday (Years) 83	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) MARCH 20, 1937	BIRTHPLACE (State or Foreign Country) KANSAS
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IF DEATH OCCURRED IN HOSPITAL

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
DECEDENT'S HOME

Facility Name (If not institution, give street & number)
4130 ANITRA CIRCLE

CITY, TOWN OR LOCATION OF DEATH
COLORADO SPRINGS

COUNTY OF DEATH
EL PASO

RESIDENCE - STREET AND NUMBER
4130 ANITRA CIRCLE

APT. NO.

ZIP CODE
80918

INSIDE CITY LIMITS
YES

RESIDENCE STATE
COLORADO

COUNTY
EL PASO

CITY OR TOWN
COLORADO SPRINGS

DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)
RANCHING

KIND OF BUSINESS/INDUSTRY
RANCH

DECEDENT'S EDUCATION
BACHELOR'S DEGREE

DECEDENT OF HISPANIC ORIGIN
NO

DECEDENT'S RACE
White

EVER IN US ARMED FORCES
YES

MARITAL STATUS AT TIME OF DEATH
WIDOWED

SPOUSE/PARTNER NAME (If wife give name prior to first marriage)
JENEAN STUM

FATHER'S NAME
RICHARD SCHULER

MOTHER'S NAME PRIOR TO FIRST MARRIAGE
STELLA EVERHART

INFORMANT'S NAME
TAMMY MYERS

INFORMANT'S RELATIONSHIP TO DECEASED
CHILD

NAME OF FUNERAL HOME
LOVE FUNERAL HOME - LIMON

CITY AND STATE OF FUNERAL HOME
LIMON COLORADO

WAS CORONER NOTIFIED
YES

METHOD OF DISPOSITION
BURIAL - CEMETERY

PLACE OF DISPOSITION
KANZA CEMETERY

LOCATION - CITY, COUNTY, STATE
ELBERT ELBERT 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
APPROX 08:35 AM

DATE PRONOUNCED DEAD (Mo/Day/Yr)
JULY 11, 2020

TIME PRONOUNCED DEAD
08:35 AM

MANNER OF DEATH
NATURAL

WAS AN AUTOPSY PERFORMED
NO

WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?

CAUSE OF DEATH

PART I

IMMEDIATE CAUSE (Final disease or condition resulting in death)

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

a RESPIRATORY FAILURE

b

c

d

Approximate interval
Onset to 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)

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

CHF DM II HTN A-FIB

TITLE NAME ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN

EDWARD H. DUMONTIER MD 3141 S CENTENNIAL BOULEVARD COLORADO SPRINGS CO 80907

DATE SIGNED

JULY 16, 2020

TITLE NAME ADDRESS, ZIP CODE AND COUNTY OF CORONER

DAWN MILLER 2741 E LAS VEGAS STREET COLORADO SPRINGS COLORADO 80906 EL PASO

DATE SIGNED

JULY 16, 2020

DATE FILED BY REGISTRAR

JULY 16, 2020

DATE ISSUED JULY 28, 2020

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
A. ALEX QUINTANA
STATE REGISTRAR



009896982



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE