

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052021036919

DECEDENT'S LEGAL NAME PATRICK JAMES BRATTON					DATE OF DEATH OCTOBER 19, 2021			
SEX MALE	SOCIAL SECURITY NUMBER 521-56-9495	AGE-Last Birthday (Years) 75	Months	Days	Hours	Minutes	DATE OF BIRTH (Mo/Day/Yr) DECEMBER 10, 1945	BIRTHPLACE (State or Foreign Country) COLORADO
IF DEATH OCCURRED IN HOSPITAL			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL DECEDENT'S HOME					
Facility Name (If not institution, give street & number) 237 ROSELAWN AVENUE			CITY, TOWN OR LOCATION OF DEATH YAMPA			COUNTY OF DEATH ROUTT		
RESIDENCE - STREET AND NUMBER 237 ROSELAWN AVENUE						APT. NO.	ZIP CODE 80483	INSIDE CITY LIMITS YES
RESIDENCE STATE COLORADO			COUNTY ROUTT			CITY OR TOWN YAMPA		
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SELF-EMPLOYED					KIND OF BUSINESS/INDUSTRY MINING		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) DONNA R. SCHERAR				
FATHER'S NAME PATRICK PAUL BRATTON				MOTHER'S NAME PRIOR TO FIRST MARRIAGE BERTHA LOUISE ALLEN				
INFORMANT'S NAME STEPHANIE BRATTON PINNIT				INFORMANT'S RELATIONSHIP TO DECEASED CHILD				
NAME OF FUNERAL HOME YAMPA VALLEY FUNERAL HOME				CITY AND STATE OF FUNERAL HOME STEAMBOAT SPRINGS COLORADO			WAS CORONER NOTIFIED YES	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION YAMPA VALLEY CREMATORY			LOCATION - CITY, COUNTY, STATE STEAMBOAT SPRINGS ROUTT COLORADO			
INJURY AT WORK NO		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY OCTOBER 19, 2021		TIME OF INJURY 04:05 PM		
PLACE OF INJURY HOME-DECEDENT'S RESIDENCE								
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, ZipCode) 237 ROSELAWN AVENUE YAMPA ROUTT COLORADO 80483								
DESCRIBE HOW INJURY OCCURRED SELF-INFLICTED GUNSHOT WOUND TO THE HEAD								
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 04:05 PM		DATE PRONOUNCED DEAD (MO/DAY/YR) OCTOBER 19, 2021		TIME PRONOUNCED DEAD 05:30 PM		
MANNER OF DEATH SUICIDE			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) 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 <u>chain of events</u> - diseases, injuries, or complications that directly caused the death. a GUNSHOT WOUND TO THE HEAD b _____ c _____ d _____					Approximate interval: Onset to death SECONDS _____ _____ _____	
PART II Enter other <u>significant conditions contributing to death</u> 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 ROBERT A RYG CORONER 522 LINCOLN AVENUE STEAMBOAT SPRINGS CO 80487 ROUTT						DATE SIGNED OCTOBER 22, 2021		
DATE FILED BY REGISTRAR OCTOBER 22, 2021								

DATE ISSUED OCTOBER 25, 2021

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
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

