

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052024008559

DECEDENT'S LEGAL NAME
FRANK CASH AKA HOWARD FRANCIS CASH

DATE OF DEATH
MARCH 08, 2024

SEX: MALE
SOCIAL SECURITY: 479-38-1420
AGE-Last Birthday (Years): 86
UNDER 1 YEAR: Months _____ Days _____
UNDER 1 DAY: Hours _____ Minutes _____
DATE OF BIRTH (Mo/Day/Yr): APRIL 27, 1937
BIRTHPLACE (State or Foreign Country): IOWA

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

Facility Name (If not institution, give street & number): 1103 PIKE DRIVE
CITY, TOWN OR LOCATION OF DEATH: COLORADO SPRINGS
COUNTY OF DEATH: EL PASO

RESIDENCE - STREET AND NUMBER: 1103 PIKE DRIVE
APT. NO.: _____ ZIP CODE: 80904
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): MATHEMATICIAN
KIND OF BUSINESS/INDUSTRY: DEPARTMENT OF DEFENSE
DECEDENT'S EDUCATION: BACHELOR'S DEGREE

DECEDENT OF HISPANIC ORIGIN: NOT SPANISH/HISPANIC/LATINO
DECEDENT'S RACE: WHITE

EVER IN US ARMED FORCES: NO
MARITAL STATUS AT TIME OF DEATH: WIDOWED (AND NOT REMARRIED)
SPOUSE/PARTNER NAME (If wife give name prior to first marriage): SHEILA ANNE HUFFMAN

FATHER'S NAME: HOWARD TAFT CASH
MOTHER'S NAME PRIOR TO FIRST MARRIAGE: LILLIAN MORTENSEN

INFORMANT'S NAME: DANA AUSEC
INFORMANT'S RELATIONSHIP TO DECEASED: DAUGHTER

NAME OF FUNERAL HOME: SWAN LAW FUNERAL DIRECTORS
CITY AND STATE OF FUNERAL HOME: COLORADO SPRINGS COLORADO
WAS CORONER NOTIFIED: YES

METHOD OF DISPOSITION: CREMATION
PLACE OF DISPOSITION: COLORADO SPRINGS MORTUARY AND CREMATORY SERVICES
LOCATION - CITY, COUNTY, STATE: COLORADO SPRINGS EL PASO 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, ZipCode): _____

DESCRIBE HOW INJURY OCCURRED: _____

WAS DECEDENT UNDER HOSPICE CARE: NO
ACTUAL OR PRESUMED TIME OF DEATH: UNKNOWN TIME OF DEATH
DATE PRONOUNCED DEAD (MO/DAY/YR): MARCH 08, 2024
TIME PRONOUNCED DEAD: 08:00 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)

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

a. ACUTE ON CHRONIC RESPIRATORY FAILURE

b. PULMONARY EMPHYSEMA

c. _____

d. _____

Approximate interval:
Onset to death
1 YEAR _____
10 YEARS _____

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

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN: MD MEAGAN L JONES 3027 NORTH CIRCLE DRIVE COLORADO SPRINGS, COLORADO, 80909
DATE SIGNED: MARCH 12, 2024

TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER: DAWN MILLER 2741 EAST LAS VEGAS STREET COLORADO SPRINGS, COLORADO, 80906
DATE SIGNED: MARCH 13, 2024

DATE FILED BY REGISTRAR: MARCH 13, 2024

AMENDED

MARCH 20, 2024

DATE ISSUED

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

