



### **Montana Funeral Directors Association Talking Points in Opposition to HB 529**

- Mortuary Science is a profession.
- Funeral Service Professionals, called Morticians in the state of Montana, are required to have an associate's degree, a mortuary science degree and go through at least one year of hands on training in an "internship" before the Board of Funeral Service will license them under Montana law. This process usually takes up to five years to complete.
- Mortuary Science encompasses everything from picking up the deceased from the location of death to arranging funerals and preparing the body for burial or cremation, even if no funeral or memorial service is planned.
  - Morticians are trained in human anatomy, biology, the grief process and the importance of the memorialization and funerals in the grief process.
  - They are also trained how to handle dead human bodies in every stage of decomposition following death in order to help the families determine how and when the deceased will reach his/her final resting place
- The law currently does not permit anyone other than Morticians to prepare the deceased for burial or cremation.
- The reasons for this are numerous:
  - To prevent the spread of potential deadly infectious diseases, many of which multiply in the body exponentially following the death of the individual, making their host potentially more harmful to the public after death than when the infected person was alive.
  - Only morticians receive the training and education to prepare bodies that may expose the public to infectious disease and medical professionals, coroners and family members do not always know if a person has an infectious disease, unless the person actually passes from that disease. An example would be of a person with infectious disease who passes from a car accident.
  - Whether or not infectious disease is an issue, Morticians are trained to discuss every aspect of death with the families and friends of the deceased to help ensure that the deceased loved one is handled with professionalism, respect and care before reaching a final destination – whether that be burial or cremation.
    - A crematory operator is not trained to do any of this.
  - Also, Morticians are trained to discuss potential memorials and funeral services and provide to families what the families want and need during their time of grief.
    - A crematory operator does not have the training or knowledge to know or understand the grief process or how to discuss the grief process or memorial services with families.
  - Morticians are also the professionals trained to fill out and file death certificates, and designated by the state as the only individual, other than the coroner or

- medical professional, who should be completing the documents due to their understanding of cause of death and the state death certificate filing system
- A crematory operator should not be filing death certificates, as that is the final record of the deceased kept by the state of Montana and an incorrect death certificate can pose significant public record issues.
  - Mortuaries are equipped with preparatory rooms and places for viewing deceased loved ones, along with the other tools required by the state of Montana to preserve loved ones for viewing, such as refrigeration.
    - Crematories do not have preparatory rooms or viewing rooms, nor do they have the legally required space, equipment and tools to prepare the deceased for burial or cremation.
    - Crematories, that are not also part of mortuaries, are not inspected for these requirements.
  - Montana Law, enforced by the Board of Funeral Service, requires Morticians to complete six hours of continuing education related to mortuary science every year,
    - Crematory operators are not required to have any basic education or continuing education and are not tested or inspected for a minimal amount of knowledge about mortuary science or the handling of dead human bodies
  - Under the current law, crematory operators need only be 18 years of age and need not have mortuary science education, because they are not permitted to handle dead human bodies, unless those bodies have already been prepared for cremation and placed in a sealed cremation container.
    - This law would change the crematory operators scope of practice completely, without putting in place any protections for the public, such as education, oversight and inspections by the state.
  - Mortician licensees have just been notified that the Board of Funeral Service taking steps to tighten up licensing requirements due to the conduct of crematory operators who have recently violated the law and to ensure that morticians meet educational standards that the Board feels are necessary to practice mortuary science. This bill does not require and will not result in crematory operators being held to those same standards.
  - In short, crematory operators doing what is proposed in this bill will leave funeral service completely unregulated in relation to crematory operators practicing mortuary science and crematories acting as makeshift mortuaries, without requiring crematories or crematory operators to to comply with the many other federal and state laws and regulations with which all morticians and mortuaries in this state have to comply

**Erin MacLean**

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**From:** Moss, Tyler <TMoss@mt.gov>  
**Sent:** Friday, January 18, 2013 3:25 PM  
**To:** jimpetersonranch@gmail.com  
**Cc:** Erin MacLean  
**Subject:** Board of Funeral Service

Senator Peterson,

I received a phone call from attorney Erin MacLean, Wednesday, but was unavailable to respond until today. I apologize for my delay.

As I understand it, you are considering whether to propose legislation that would radically change how crematoriums are regulated in Montana and that your decision to do so may be influenced by how the board handles certain matters now pending against Mr. William Spoja and Central Montana Crematorium.

I have read LC 0917. It appears that the proposed changes would legalize the very conduct for which Mr. Spoja and Central Montana Crematorium were recently reprimanded, or for which the hearing examiner recommended a reprimand. At Mr. Spoja's request, the board has not yet adopted the hearing examiner's proposed decision, so it is possible that a different sanction may be issued. However, it is no longer a question of whether Mr. Spoja and Central Montana Crematorium have been in violation of the law by preparing human remains for cremation without the appropriate qualifications and licenses. Although a final decision has not been entered – a delay requested by Mr. Spoja – the Board of Funeral Service has taken a decisive action in that matter.

I am unable to comment on any complaints that may be pending before the screening panel.

You may be interested to know of a situation in Butte that was similar to the one in Lewistown. In Butte, there was a crematorium that was, like Central Montana Crematorium, receiving and preparing human remains in a crematorium, which is not suited for removing pacemakers and other hazardous implants or for protecting against the spread of communicable diseases. The main difference was that the participants in the Butte case were licensed morticians with degrees in mortuary science, whereas Mr. Spoja is only a crematory operator with no similar qualifications. When Mr. Spoja and Central Montana Crematorium lost their case, the morticians in Butte immediately agreed to renovate their facility so that it qualifies as a mortuary. They will soon be morticians operating a mortuary.

If you require any additional information, please feel free to call.

Tyler G. Moss

Special Assistant Attorney General

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Montana Department of  
**LABOR & INDUSTRY**

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**Erin MacLean**

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**Subject:** FW: Spoja/cmc- clarification for Senator Peterson

**From:** "Moss, Tyler" <[TMoss@mt.gov](mailto:TMoss@mt.gov)>  
**Date:** February 6, 2013, 3:31:03 PM MST  
**To:** Erin MacLean <[EMacLean@luxanmurfitt.com](mailto:EMacLean@luxanmurfitt.com)>  
**Subject:** RE: Spoja/cmc- clarification for Senator Peterson

If Mr. Spoja said that the Board did not act on his license or the complaint, then he misrepresented what happened. The Board's motions are actions taken on the complaints, which actions will, if successful, conclude in discipline against Mr. Spoja's license. The motions, in aggregate, amount to one of the longest lists of violations I have had to prosecute.

I am available to answer the Senator's questions about what was said and done, if he wants to call or email me, and I can be available if he would rather speak in person. But I do not think I should initiate the communication, which means I would have to assume that he wants me to offer him a correction to what was apparently said by Mr. Spoja.

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Thank you

Jim Peterson

BEFORE THE MONTANA FUNERAL BOARD

MONTANA FUNERAL DIRECTORS  
ASSOCIATION filed by Erin  
MacLean,

COMPLAINANT,  
vs.

CENTRAL MONTANA CREMATORIUM,  
INC

AND

WILLIAM A. SPOJA,

RESPONDENTS

Complaint #2012-FNR-LIC-1170  
& 2012-FNR-LIC-1181 filed by  
Erin MacLean

AFFIDAVIT OF PAUL HUFF

I, Paul Huff, the undersigned, being first duly sworn upon  
oath, depose and say

1. I am the office manager of Central Montana  
Crematorium, Inc. and have been in that role since  
2010.
2. I reside near Lewistown in Fergus County, Montana.
3. I prepared the death certificate for Melvin Martin  
myself and William Spoja had nothing to do with it.
4. In my earlier affidavit I said, I know that no one  
forged anything in that certificate since I did everything done  
in our office and Richard Brown's name was placed on the  
document by someone outside our office because at the time we

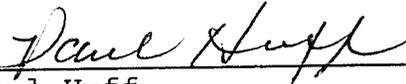
were not even permitted entry into his portion of the certificate." Upon reviewing the file with William Spoja on January 25, 2013, I now believe this statement to be incorrect and I wish to correct it as follows:

- A. This death certificate was one of the first that I did in my work with Central Montana Crematorium, Inc.
- B. Although I have no specific memory of doing so, I believe that I inadvertently included the name of Richard J. Brown of Cloyd's Funeral Home, as I was the person who completed the death certificate form.
- C. Use of Mr. Brown's name in the death certificate in question was obviously erroneous and unnecessary. At the time in our file was a hand-completed certification showing the causes of death and the signature or initials of Dr. Annette Comes, "A C--", the certifier in this matter. See Exhibit "A" for a copy of this document received from Dr. Comes' office.
- D. Dr. Comes made no error; she entered her name in the proper place. I was not familiar with her signature at the time and can only assume in retrospect that I believed that the printing of Mr. Brown's name was correct. As is now apparent to me, Mr. Brown had no

involvement with the certification on the death certificate; his only involvement was as coroner, giving permission for cremation in the ART form.

E. I am still uncertain as to just how Mr. Brown's name appeared in the certifier's block. I do know that to have placed it there was both unnecessary and inadvertent; Dr. Comes had already signed as certifier. Of this much I am certain: there never was any intent on my part to include his name in any document without proper authority to do so.

Dated this 30<sup>th</sup> day of  
January, 2013.

  
\_\_\_\_\_  
Paul Huff

State of Montana     )  
                          ss.  
County of Fergus    )

Subscribed and sworn to before me the 30<sup>th</sup> day of January, 2013, by Paul Huff, the affiant herein.

  
\_\_\_\_\_

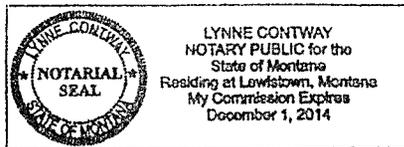


EXHIBIT 'C'

Local File Number: MONTANA CERTIFICATE OF DEATH State File Number:

To Be Completed By: Funeral Director

1. DECEDENT'S NAME (First, Middle, Last) **Melvin Laverne Martin** AKAs (If Any)

29. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month) **June 24, 2010**

2. SEX **Male** 3. SOCIAL SECURITY NUMBER **516-38-3003** 4a. Under 1 Year **71** 4b. Under 1 Day **71** 4c. Under 1 Day **71** 5. DATE OF BIRTH (Month, Day, Year) **April 08, 1939** 17. COUNTY OF DEATH **Fergus**

14. PLACE OF DEATH (Check only one) **HOSPITAL:  Inpatient  ER/Outpatient  Dead on Arrival OTHER:  Nursing Home/Long term care facility  Residence  Hospice  Other**

15. FACILITY NAME (If not institution, give street and number) **Central Montana Medical Center** 16. CITY, TOWN OR LOCATION OF DEATH **Lewistown**

6. BIRTHPLACE (City, and State or Foreign Country) **Lewistown, Montana** 9. MARITAL STATUS  Never Married  Widowed  Married  Married but Separated  Divorced  Unknown **Laurie J. Minnerly**

10. SURVIVING SPOUSE **Laurie J. Minnerly**

54. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Self employed** 55. KIND OF BUSINESS/INDUSTRY **Carpet and flooring store** 8. WAS DECEDENT EVER IN US ARMED FORCES?  Yes  No

7a. RESIDENCE STATE **Montana** 7b. COUNTY **Fergus** 7c. CITY, TOWN, OR LOCATION **Lewistown** 7d. STREET NUMBER **414 5th Ave N.** 7f. ZIP CODE **59457** 7g. INSIDE CITY  Yes  No

51. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received)  8th grade or less  9th-12th grade; No diploma  High School graduate or GED completed  Some college, but no degree  Associates Degree (e.g. AA, AS)  Bachelor's Degree (e.g. BA, AB, BS)  Master's Degree (e.g. MA, MS, MEng, MEd, MSW, MBA)  Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

52. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.)  No, not Spanish/Hispanic/Latino  Yes, Mexican, Mexican American, Chicano  Yes, Puerto Rican  Yes, Cuban  Yes, other Spanish/Hispanic/Latino (Specify)

53. DECEDENT'S RACE (Check one or more races to indicate what the decedent considers himself or herself to be.)  White  Black African American  Native Hawaiian  Asian Indian  Chinese  Filipino  Japanese  Guamanian or Chamorro  Korean  Vietnamese  Samoan  Other Asian (Specify)  Other Pacific Islander (Specify)  American Indian or Alaska Native (Name of the enrolled or principal tribe)  Other (Specify)

11. FATHER'S NAME (First, Middle, Last) **Robert H. Martin** 12. MOTHER'S NAME (First, Middle, last name before first marriage) **Claire Ramsey**

13a. INFORMANT'S NAME **Laurie J. Martin** 13b. RELATION TO DECEDENT **Wife** 13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **414 5th Ave N., Lewistown, Montana 59457**

18. METHOD OF DISPOSITION  Burial  Cremation  Removal from State  Entombment  Donation  Other

19. PLACE OF DISPOSITION

20. LOCATION (City or Town, State)

22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION

23. MONTANA LICENSE NO (of licensee if applicable)

21. NAME AND ADDRESS OF FUNERAL FACILITY

To Be Completed By: Medical Certifier

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH

24. DATE PRONOUNCED DEAD (Month/Day/Year) **June 24, 2010** 25. TIME PRONOUNCED DEAD **16:20 Military**

26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) **Annette Comes, M.D.** 27. LICENSE NUMBER **9585**

28. DATE SIGNED (Month/Day/Year) **June 24, 2010** 30. ACTUAL OR PRESUMED TIME OF DEATH **16:15 Military Actual** 31. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

32. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Coronary artery disease** DUE TO (or as a consequence of):

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) LAST.

b. DUE TO (or as a consequence of):

c. DUE TO (or as a consequence of):

d. DUE TO (or as a consequence of):

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

**Hx of cerebrovascular accident 2004**

33. WAS AN AUTOPSY PERFORMED?  Yes  No

34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  Yes  No

37. MANNER OF DEATH  Natural  Homicide  Accident  Pending Investigation  Suicide  Could not be Determined

35. DID TOBACCO USE CONTRIBUTE TO DEATH?  Yes  No  Probably  Unknown

36. IF FEMALE  Not pregnant within past year  Not pregnant, but pregnant within 42 days of death  Not pregnant, but pregnant 43 days to 1 year before death  Pregnant at time of death  Unknown if pregnant within past year

DATE OF INJURY (Month, Day, Year) **38.** TIME OF INJURY **39.** INJURED AT WORK **41.**  Yes  No

40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)

44. IF TRAFFIC ACCIDENT SPECIFY  Driver/Operator  Pedestrian  Passenger  Other

43. DESCRIBE HOW INJURY OCCURRED

42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)

45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner)  Certifying Physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Pronouncing & Certifying physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated.  Medical Examiner/Coroner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. SIGNATURE **Richard J. Brown**

49. DATE CERTIFIED (Month, Day, Year)

48. LICENSE NO **396** 47. TITLE **County Coroner**

46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) **Richard J. Brown** LOCAL REGISTRAR'S NAME

50. DATE FILED (Mo/Day/Yr)

46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) **PO BOX 595, Lewistown, MT 59457**



# Montana Department of LABOR & INDUSTRY

Business Standards Division  
HEALTHCARE LICENSING  
301 S PARK AVENUE PO BOX 200513  
HELENA MT 59620-0513  
Phone: (406) 841-2300 Fax: (406) 841-2363

FOR COMPLIANCE USE ONLY

Complaint # RECEIVED

Date Received: SEP 12 2012

COMPLAINT AGAINST: W. Spoja; Central Montana Crematory; & their employees, agents & assigns LICENSE #: CMO-LIC-749; CRE-LIC-192  
 PROFESSION / OCCUPATION TYPE: Mortician; Crematory Operator; Crematory  
 BUSINESSES: Central Montana Crematorium, Inc.  
 ADDRESS: P.O. Box 882/100 Cattail Dr Lewistown / MT 59457  
Street or PO Box City State Zip Code

If Applicable: PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**NATURE OF COMPLAINT:** Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Text is limited to 970 characters so an additional sheet is acceptable. Please state "See attached document"

William Spoja, Central Montana Crematorium, Inc. (CMC) and their agents/assigns, have violated Montana law by conducting activities as part of their crematory operation, including making pre-need and at-need arrangements with individuals/families, selling funeral goods and services and facilitating memorial services, without a mortician/funeral director or mortuary license. See definitions in 24.147.302 and 24.147.1503, and other applicable laws. They have also violated the law, because the crematorium has employed individuals to provide funeral related and make arrangements with individuals and families who do not have mortician's licenses or even crematory technician licenses. Specifically, Spoja and CMC, have clearly violated statutory sections 37-19-301, 302, 315, 402, 702(3), MCA, and Montana Rules of Administrative Procedure 24.147.1503(1), 24.147.1504. Spoja and CMC have committed unprofessional conduct under 24.147.2301. See attached.

**LIST OF WITNESSES AND EVIDENCE:** Text is limited to 200 characters so an additional sheet is acceptable. Please state "See attached document"

Ralph Mihfeld; Dick Brown; William Spoja; unknown individuals working for Spoja/CMC at the County Fairgrounds selling memorial packages and handing out brochures as their agents.

**WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?**

Criminal & Civil Prosecution for violations of licensing laws. Revocation of licenses.

**COMPLAINANT INFORMATION**

YOUR NAME Erin F. MacLean PHONE#: 406-442-7450  
 YOUR MAILING ADDRESS P.O. Box 1144 Helena/Montana 59601  
Street or PO Box City/State Zip Code  
 YOUR E-MAIL ADDRESS emaclean@luxanmurfitt.com  
 YOUR SIGNATURE: [Signature] DATE: \_\_\_\_\_

*I hereby authorize that all of my protected health information maintained by any and all of my healthcare providers and that all of my health information maintained by any and all of my healthcare providers be furnished to the above named licensing board and/or its agents. This authorization shall remain in effect until the licensing board has concluded all actions concerning this complaint.*

**This is the "attached document" referenced in the Complaint Form on the Complaint filed by Erin F. MacLean against William Spoja, Central Montana Crematory & their employees, agents and assigns.**

**NATURE OF COMPLAINT:** The Nature of the Complaint is continued from the first page of the Complaint as follows:

The Montana Funeral Directors Association (MFDA) has been informed by numerous Board of Funeral Service licensees that William J. Spoja ("Spoja") and Central Montana Crematorium, Inc. ("CMC"), through its owners, agents and assigns, (collectively referred to as "Spoja/CMC") have been practicing mortuary science, "the profession or practice of funeral directing and embalming," without a license. The MFDA also understands that the CMC facility, and/or affiliate buildings/structures, are being used by Spoja/CMC as a mortuary, as that term is defined by Montana law. The MFDA has also been informed that Spoja/CMC have violated the law that prohibits unsolicited calls to families of the deceased and that they, or their agents, have forged certain information on death certificates completed by Spoja/CMC. All of these issues, collectively, have caused the MFDA to believe that Spoja/CMC is acting in a manner that poses a serious risk to both the health and welfare of the Montana public and to consumers of funeral services in the state of Montana.

The law is clear that mortuary science includes embalming and funeral directing, and morticians are the only individuals in Montana who can make arrangements with individuals or family members of deceased individuals for the final disposition of dead human bodies. The mortician profession, the practice of mortuary science, includes the handling of dead human bodies from the time the bodies are released for final disposition, until the time that the final disposition is made, and every step in the middle, including the business of undertaking of all arrangements related to the final disposition of a deceased individual.

Of course, the planning for one's death and the ultimate responsibility for the handling of the body of deceased loved ones falls on the individual and then the family of the loved ones following his/her death. Historically, families could (and still can under certain circumstance prescribed by law) dispose of the remains of their loved ones without hiring a licensed mortician or contracting with a mortuary. However, if the deceased individual or the family of the deceased individual determines that they want to hire a professional to handle the arrangements for the final disposition of that individual's body, those arrangements may only be made with a licensed mortician (historically

referred to as an undertaker, because the individual undertook all of the final arrangements for disposition).

The public policy reasons for the continuation of the Montana laws providing for the licensing of professionals to assist with the final disposition of dead human bodies are both for public health reasons (related to accurate completion of death certificates and the proper handling of bodies to avoid the spread of infectious diseases) and for consumer protection reasons (related to the protection of customers paying for funeral related goods and services during the pre-need and at-need arrangements), along with other similar public policies related to licensing professionals educated in their field of practice. In order to further these important public policies, the Montana legislature has tasked the Board of Funeral Service to license morticians, mortuaries, crematoriums and other licensees and to ensure that both licensees and non-licensees are not violating applicable statutes or rules promulgated pursuant to those statutes. For these reasons, the MFDA is requesting that the Board of Funeral Service complete a full review and investigation into all of the issues presented in this Complaint, the details of which are set forth below, and appropriately sanction Spoja, CMC, their agents and assigns.

Spoja/CMC have violated the law by operating in a manner that violates the statutes and administrative rules, cited on the first page of the Complaint. Spoja and CMC agents and assigns have been practicing mortuary science in order to bring business in to CMC. The referenced statutes and administrative rules clearly spell out that, beyond family members of the deceased, only morticians or their interns may handle dead human bodies (as embalmers) as part of a business, which includes the removal of any objects from the body (such as pacemakers), and only morticians (as funeral directors) may supervise funerals, make pre-need or at-need arrangements, prepare dead human bodies for final disposition, maintain a mortuary or care for dead human bodies. Together all of these acts, and everything in between, comprise the practice of mortuary science, and, in Montana, a person is required to obtain a mortician's license from the Board of Funeral Service to practice mortuary science.

Spoja/CMC have completely disregarded the practice of mortuary science in an attempt to drum up business for CMC's crematory operations. The packet of information attached to this Complaint shows that Spoja/CMC have been making both pre-need and at-need arrangements in meetings with individuals and families for the final disposition of human remains.

Spoja/CMC are doing more than just accepting human remains for cremation, which is all that they claim to be doing. In fact, the evidence is clear, just from the face of their advertisements, flyers and pricing information, that Spoja/CMC are also meeting with individuals and families about the final disposition of dead human remains and providing those individuals and families information, advice and guidance related to their final disposition options, including body transportation, cremation, burial, funeral and memorial services and other such details, during those meetings.

I would refer you to the "informational" fliers, provided in the attached packet as Attachment 1, that Spoja/CMC is handing out to individuals in meetings that they have with those individuals, related to embalming, using a mortuary, having a funeral and other funeral service related topics. The MFDA has been informed that Spoja, CMC and their representatives are providing this information, in person, to individuals and families along with providing advice related to these topics. Just providing these fliers to individuals in person, while at the same time attempting to gain business for CMC, is a violation of the law governing the practice of mortuary science. Providing advice on the same topics, while at the same time discussing CMC's business with individuals and families, is, by definition, making funeral arrangements, whether at-need or pre-need. (Attachment 1)

Also, please see the newspaper clipping, provided in the attached packet as Attachment 2, that states "Congratulations to our Fair Booth Raffle Winners," which shows a photo of the fair booth at the local fairgrounds where Spoja/CMC were meeting with families and providing information related to the final disposition of dead human bodies. This is only one publicly flaunted example of the one-on-one meetings that Spoja/CMC are having with individuals regarding options related to cremation, burials, funerals, etc. Such one-on-one meetings can only be conducted by morticians under Montana law. (Attachment 2)

The Montana statutory scheme related to the disposition of dead human bodies and the licensing of morticians and mortuaries does provide for a small "carve out" to provide for the licensing and operations of crematoriums and to permit crematory operators and technicians. This carve out permits crematory operators and technicians to handle dead human bodies and remains for the sole purpose of cremation. However, it is clear from the statutory scheme that the cremation related "carve out" was only intended in a manner that the crematorium and its employees would receive the dead human body in a cremation container, cremate the body without handling the body and then return the cremated remains for final disposition into the hands of a licensed mortician. The crematory laws do not provide for, or allow, any crematory operator or other

crematorium representative, not otherwise licensed as a mortician, to meet directly with individuals or families at all or to handle human remains beyond what is necessary for the cremation procedure. Even section 37-19-708, MCA, which allows pre-need cremation authorizations to be made with authorizing agents, only permits such authorizations to be made directly with crematories, cemeteries and other funeral establishments. That statutory section does not change the overall statutory requirements related to the professionals licensed to meet with families or handle dead human bodies, nor does it purport, the least, to permit such authorizations (which would constitute pre-need arrangements) to be "entered into" (by the authorizing agent) with any person other than a licensed mortician. Because CMC does not have a licensed mortician to meet with individuals in order to execute the pre-need authorization, and since it is clear that Spoja/CMC have met directly with individuals to execute such authorizations, Spoja/CMC have violated the Montana licensing laws clearly stating that only morticians can make pre-need or at-need funeral arrangements.

Additionally, the document included in the attached packet as Attachment 3, entitled "Local Area Price and Service Comparison" ("Comparison Document"), is a document that MFDA members have witnessed being provided directly to individuals and families of deceased individuals during personal meetings with Spoja/CMC representatives, where advice is being given by Spoja/CMC related to the disposition of human remains and options being explored with individuals related to them utilizing CMC's cremation services. Again, under Montana law, such meetings and advice can only be held with members of the public, for the purpose of furthering a funeral service business, by a licensed mortician. (Attachment 3)

The Comparison Document also shows that Spoja/CMC is conducting the following activities:

- permitting the viewing of the dead human bodies prior to cremation at the CMC facility,
- providing facilities and staff for memorial service or funeral (Spoja/CMC is apparently attempting to get around the licensing laws by stating that the use of the facilities for services is at no charge),
- selling cremation urns directly to the public, and
- selling Memorial Books and Folders to the public.

(See Attachment 3). Only licensed morticians and/or mortuaries are permitted to provide any of the above-stated services under Montana law, and all of them are being advertised as services being provided directly to the public by Spoja/CMC. There is no question

that the statutory scheme sets forth that these acts are only permitted by law to be done by either a mortician or a mortuary. Montana clearly defines a mortuary as any "place of business...conducting activities from the place of business... that are incidental, convenient, or related to the preparation of funeral or memorial services or rites or the transportation, burial, cremation, or other disposition of dead human bodies in any area where those activities may be conducted." The definition of mortuary was clearly written to encompass any place of business that is conducting business related to the disposition of dead human bodies. Again, the minimal statutory "carve out" for crematoriums was only intended for the purpose of crematoriums receiving dead human bodies, cremating those bodies and returning the cremated human remains to the mortuary or other appropriate individual or entity. (Attachment 3)

An additional document provided in the attached packet as Attachment 4, is the "General Price List for Direct Cremation" ("Price List") that Spoja/CMC is currently advertising to the public. MFDA members have witnessed this price list being presented to members of the public by representatives of Spoja/CMC. This is another example of the bold disregard that Spoja/CMC have of the licensing laws. The law is clear that only morticians can provide a price list directly to individuals and families for goods and services related to the disposition of dead human remains, for the purpose of furthering a funeral service business or exploring options related to the same, since doing so fits squarely in the definition of making at-need or pre-need arrangements. (Attachment 4)

Furthermore, of the fees listed in the price list, \$595.00 of the cost is attributed to a "Basic Professional Fee." This advertising bodes the additional question of who the professional is that is providing these services. Neither a crematory technician nor a crematory operator is licensed to provide the "professional" services listed on the Price List, and Spoja/CMC does not employ a mortician to do so. Therefore, on its face this Price List demonstrates that CMC is advertising and providing, purportedly through unlicensed agents, professional services without having a mortician's professional license or employing a licensed professional to provide such services. Of course, only a mortuary can hire a licensed professional mortician to provide such services, so the crematorium doing so, without being a licensed mortuary is also a violation of Montana law. (Attachment 4)

The Price List also provides one more example, on its face, that Spoja/CMC are selling funeral related goods and services to the public through at-need and pre-need arrangement meetings being held directly with the public. One more example of Spoja/CMC violating the clear licensing laws related to Funeral service. (Attachment 4)

Another document in the attached packet, attached as Attachment 5, entitled "Willam Spoja Testimony at Economic Affairs Committee," is the transcribed testimony from a legislative committee meeting held at the Capitol complex in Helena, Montana, where Mr. Spoja specifically admitted that Spoja/CMC has a regulation at CMC's facility

“saying we do and will remove pacemakers.” Spoja goes on to falsely claim in his testimony that the Board of Funeral service has found that Spoja/CMC could legally remove such implements from dead human bodies. (Attachment 5)

In addition to the unlicensed mortuary science being practiced by Spoja, a Complaint previously filed this year with this Board, on May 11, 2012, by Ralph Mihlfeld, attached as Attachment 6, provides another example of the bold and illegal steps that Spoja/CMC are now taking to solicit customers. The evidence provided in that complaint shows that Spoja/CMC are now making unsolicited sales calls to the families of deceased individuals. Montana law is clear that making such unsolicited calls to individuals or family members of deceased individuals is an illegal action for any person to take, whether or not the caller is licensed as a mortician. Spoja/CMC doing so is a clear demonstration that Spoja/CMC has no regard for the funeral service related statutes and rules overseen by this Board, which are meant, in part, to protect the public from harassment and such unwanted solicitation following the death of a loved one. (Attachment 6)

The newspaper advertisement, included in the attached packet as Attachment 7, which was placed in the Lewistown New-Argus, by CMC on April 28, 2012, is another clear example of Spoja/CMC acting unprofessional by flaunting their disregard for the Board and the Board’s administrative process. In the article, Spoja/CMC are also advertising and flaunting their repeated violation of the licensing laws. (Attachment 7)

On an even more disconcerting note, MFDA has also become aware that Spoja/CMC have forged the name of “Richard J. Brown” (“Dick Brown”) medical coroner approving the death certificate of Melvin Laverne Martin, when Dick Brown had not certified the death certificate, for the purpose of having Mr. Martin’s body being removed to Central Montana Crematorium. (See Melvin Laverne Martin’s death certificate in attached packet). Additionally, numerous misspellings for causes of death have been found on a number of death certificates completed by Spoja/CMC during the provision of the “professional services” advertised in its Price List. The forgery and some examples of those misspellings can be seen in the death certificates contained in the attached packet, attached as Attachment 8. The forgery account and other issues related to the “professional services” being provided by Spoja/CMC, such as death certificates being filled out incorrectly, demonstrate how important immediate and strong Board action on the matters addressed in this Complaint will be for the purpose of providing for the health and welfare of the public. Furthermore, the “Medical Certifier” section being filled out incorrectly, provides evidence that Spoja/CMC has not been obtaining the medical certifications and signatures required on death certificates that it illegally fills out, which constitutes an additional violation of the law. (Attachment 8)

The Montana’s death certificate form clearly states that the death certificate sections are only “To Be Completed By” a “Funeral Director” or a “Medical Certifier,”

but Spoja/CMC advertise that they complete this paperwork themselves, although no one employed by Spoja/CMC is a Funeral Director or Medical Certifier. There is a clear reason why the Montana Certificate of Death says, explicitly, that only a Medical Certifier or Funeral Director can complete the form. For public health and public records purposes, only a mortician or appropriate Medical Certifier, who have obtained the required education in handling such matters, should be completing death certificates and other paperwork related to the disposition of dead human bodies. No one employed by Spoja/CMC has received such education or is so certified. In fact, none of the names listed as representatives for Spoja/CMC in the Montana death certificate system are licensed Funeral Directors or Medical Certifiers. Not only is this a problem for the Department of Public Health and Human Services, but it is also a clear licensing violation that needs to be addressed by the Board. (Attachment 8)

Another document included in the packet, attached as Attachment 9, entitled "Authorization and Director and Termination of Authorization to Cloyd Funeral Home and Cremation Services" (Authorization), brings up another licensing concern, both with the Board and, likely, with the Montana Office of Disciplinary Counsel (which licenses attorneys). The Authorization provides evidence that Spoja is meeting with individuals and families personally to advise them, as part of his legal practice, on their options related to the disposition of dead human remains, and, a fact that is even more grievous, Spoja is then referring his legal clients to his crematorium business, CMC, for the economic benefit of both Spoja and CMC. (Attachment 9)

As we all know, attorneys do not have a blanket license under their legal licenses that would permit them to practice in the professional practices of others such as morticians, physicians, nurses, electricians, etc., whether or not the attorney believes he/she can do so. Furthermore, Rule 1.8(a) of the Montana Rules of Professional Conduct is clear that "a lawyer shall not enter into a business transaction with a client," unless certain disclosures and written consents are first obtained. So, it is likely that Spoja has violated the professional ethics placed on attorneys in Montana, along with violating Montana laws related to the funeral service profession.

In addition to violating professional licensing laws, the Authorization evidences that Spoja used his attorney/client relationship to interfere with a contract between Cloyd Funeral Home and its clients, with whom arrangements for the final disposition of Daniel Duane Watkins had already been made. Please note that Spoja hand delivered the Authorization for Ellen M. Watkins and David W. Ward to the Cloyd Funeral Home and signed the document at the bottom of the page. (Attachment 9)

Of course, the information provided in this Complaint just contains the violations about which the MFDA has become aware, and, from all the evidence, it is likely that Spoja/CMC are violating the laws in additional avenues of Spoja's and CMC's business operations, and, if the Board has become or becomes aware of additional violations

similar to those in this Complaint, those actions are hereby, additionally, incorporated into this Complaint by reference in order to facilitate the Board in sanctioning Mr. Spoja for such actions.

On this day, the MFDA received the final document attached to this Complaint, attached hereto as Attachment 10, which is an obituary that evidences that Spoja/CMC conducted mortuary science and funeral directing, by meeting with the family of Joyce Marie (Harvey) Sheppard and making all at need arrangements related to the final disposition of her remains, in addition to actually cremating her remains, on or about August 29, 2012. This attachment further evidences numerous recent violations of the funeral service laws committed by Spoja/CMC.

For the reasons set forth above, the MFDA requests that the Board revoke Spoja/CMC's Crematory related licenses and enjoin Spoja/CMC, on an emergency basis, from meeting with the public in any form or any format without utilizing the services of a mortician licensed by a mortuary in the state of Montana. The MFDA requests that this injunction be sustained, for the protection of consumers and in order to provide for the health and welfare of the public, until all of the issues presented in this Complaint have been fully reviewed and determined by the Board on a *de novo* basis. The MFDA also requests that criminal charges be filed against Spoja, CMC and all of their agents and assigns by the Board for forging authorizing names/signatures on death certificates and making unsolicited telephone calls to individual and loved ones of recently deceased individuals along with filing criminal charges against Spoja/CMC for committing numerous violations of Title 37, Chapter 19 of the Montana Code Annotated, pursuant to 37-19-501.

**ATTACHMENT 1**  
**SPOJA/CMC COMPLAINT**

**\$995.00**

**Our FULL Price**

People choose to use our facility NOT because they can't afford anything else, but because they either want to receive a better value for the money they must spend or because they want to avoid the process of embalming and inhumane treatment of the body.

We will show you the full process that the crematorium uses, you probably will never be allowed to see the embalming room or tools of any mortuary.

**FURTHER** Don't be fooled by those who hold themselves out to be cremation services. They send bodies out of town for cremation they resisted letting you use cremation until we started our little business.

**\$995.00**

**Our FULL Price**

We won't encourage your family to over spend. We even promise our chapel without charges.

That is why we want you to know that there is no need to go through any mortuary or mortician before using our service. The body NEVER needs to be embalmed. The Crematorium provides all of the required services.

After cremation you can have a very dignified and satisfying memorial service giving your loved one all of the honor any service could accomplish. Your attention can be focused on a life well lived.



**Central Montana Crematorium, Inc.**

P.O. Box 882  
100 Cattail Drive  
Lewistown, Montana 59457

Call (406) 538-4400 for assistance.

**Serving Montana since 2003**

**Our Goal:**

To offer services that do not put a burden on you or your family after your passing. The cost should not add to the pain.

One price only

**\$995.00**

An urn suitable for burial is provided at no added cost. More elaborate memorial urns are available.



## *Our Commitment to the People of Montana*

We will offer the best cremation service we can. We will respect the persons involved, both deceased and surviving, as well as the faith they have chosen to follow. We pledge to do this at one reasonable, affordable price never encouraging anyone to spend beyond their means and making certain that everyone who needs our services is able to have them.

**\$995.00**

## **Our Full Price**

We won't encourage your family to over spend.

At this one price, we will pick up the body anywhere in a 130-mile radius, including Great Falls, and Billings, at no additional charge. We can do all required paperwork, authorizations, death certificate, notify Social Security and the VA.

## **VISIT OUR WEB SITE FOR MORE INFORMATION**

Telephone: (406) 538-4400  
(available 24 hours)

E-mail: [cmci@midrivers.com](mailto:cmci@midrivers.com)

Website:

[www.centralmontanacrematorium.com](http://www.centralmontanacrematorium.com)

**Thank you for your willingness to consider our services.**

**The staff of Central Montana Crematorium, Inc.**

If you wish to pay in advance and guarantee your price:

The total cost of \$995.00 may be put into a Certificate of Deposit (CD) in your own bank and in your own name, made payable upon death to the Central Montana Crematorium.

Thus, if you want to terminate your relationship with us or really need the cash, it is still yours to use.

**Central Montana  
Crematorium, Inc.**

*Friends helping friends...*

*The Montana Way*

- pose if limbs are distorted by disease, e.g., arthritis.)
- Massage cream is used on the face and hands to keep the skin soft and pliable.
- Facial features are set by putting cotton in the nose, eye caps below the eyelids, and a mouth-former in the mouth (with cotton or gauze in the throat to absorb purging fluids). The mouth is then tied shut with wire or sutures. (Glue may be used on the eyelids or lips to keep them closed in an appropriate pose.) Facial hair is shaved if necessary.

- Arterial embalming is begun by injecting "embalming fluid" into an artery while blood is drained from a nearby vein or from the heart. The two gallons or so needed is usually a mixture of formaldehyde or other chemical and water. In the case of certain cancers, some diabetic conditions, or because of the drugs used prior to death (where body deterioration has already begun), a stronger or "waterless" solution is likely to be used for better body preservation. Chemicals are also injected by syringe into other areas of the body.

- The second part of the embalming process is called cavity embalming. A trocar—a long, pointed, metal tube attached to a suction hose—is inserted close to the navel. The embalmer uses it to puncture the stomach, bladder, large intestines, and lungs. Gas and body fluids are withdrawn before "cavity fluid" (a stronger mix) is injected into the torso.

- The anus and vagina may be packed with cotton or gauze to prevent seepage if necessary (A close-fitting plastic garment may also be used.)

- Incisions and holes made in the body are sewn closed or filled with trocar "buttons." The body is washed again and dried.
- Nails are manicured, any missing facial features are molded from wax, makeup is used on the face and hands, and head hair is styled. The body is dressed and placed in the casket (fingers are glued together if necessary).

#### Sources

- *Death to Dust: What Happens to Dead Bodies?* by Kenneth Iserson, M.D., 1994
- *The American Way of Death Revisited* by Jessica Mitford, 1998
- *Caring for the Dead* by Lisa Carlson, 1998
- *Profiles of Death* by Darryl Roberts, 1997
- **FUNERALS: Consumers' Last Rights** by the Editors of Consumer Reports, 1977
- *American Attitudes and Values Affected by Death and Deathcare Services* commissioned by the Allied Industry Joint Committee, prepared by the Wirthlin Group, 1990

**What You Should  
Know About**

***Embalming***



**Funeral Consumers Alliance**  
33 Patchen Road  
South Burlington, VT 05403  
802-865-8300  
800-765-0107

[www.funerals.org](http://www.funerals.org)

"Embalming forms the foundation for the entire funeral-service structure. It is the basis for the sale of profitable merchandise, the guardian of public health, the reason for much of our professional education and our protective legislation."

From an embalming textbook

## Facts About Embalming

1. Embalming is rarely required by law. The Federal Trade Commission and many state regulators require that funeral directors inform consumers that embalming is not required except in certain special cases. Embalming is required when crossing state lines from Alabama, Alaska, and New Jersey. Three other states—Idaho, Kansas, and Minnesota—require embalming when a body is shipped by common carrier.
2. Embalming provides no public health benefit, according to the U.S. Centers for Disease Control and Canadian health authorities. Hawaii and Ontario forbid embalming if the person died of certain contagious diseases. Many morticians have been taught, however, that embalming protects the public health, and they continue to perpetrate this myth. (See above.)
3. Embalming does not preserve the human body forever; it merely delays the inevitable and natural consequences of death. There is some variation in the rate of decomposition, depending on the strength of the chemicals and methods used, and the humidity and temperature of the final resting place.

4. Ambient temperature has more affect on the decomposition process than the time elapsed after death, whether or not a body has been embalmed. In a sealed casket in above-ground entombment in a warm climate, a body will decompose very rapidly.

5. Embalming is a physically invasive process in which special devices are implanted and chemicals and techniques are used—to give an appearance of restful repose. The normal waxy pallor of a dead body is replaced with a more life-like tone by the use of dyes in the embalming fluid.

6. Embalming chemicals are highly toxic. Embalmers are required by OSHA to wear a respirator and full-body covering while embalming. Funeral home effluent, however, is not regulated, and waste is flushed into the common sewer system or septic tank.

7. Refrigeration is an alternative to maintain a body while awaiting a funeral service or when there is a delay in making arrangements. Not all funeral homes have refrigeration facilities, but most hospitals do.

8. Embalming has no roots in Christian religion and is common only in the U.S. and Canada. Embalming is considered a desecration of the body by orthodox Jewish and Muslim religions. Hindus and Buddhists choosing cremation have no need for embalming.

9. Private or home viewing by family members and close friends can occur without embalming and is far more "traditional" than some of the services promoted by the industry under that name.

10. The funeral industry promotes embalming and viewing as a means to show "proper respect for the body," and to

establish the "clear identity" of the corpse so that the reality of death cannot be denied by those who view the body. Many funeral directors are convinced that seeing the body is a necessary part of the grieving process, even if the death was long anticipated.

11. Few funeral directors will participate in the public viewing of a body without embalming and cosmetic restoration. While some people may be comforted by "a beautiful memory picture," as it's called in the trade, 32% of consumers reported that viewing was a negative experience, according to a 1990 survey.

12. Embalming gives funeral homes a sales opportunity to increase consumer spending (by as much as \$3,000 or more) for additional body preparation, a more expensive casket with "protective" features perhaps, a more expensive outer burial container, and a more elaborate series of ceremonies.

**"I think the elaborate, expensive display of an open casket with all the makeup in the slumber room enforces the belief that the person is only asleep, and in my personal opinion would only help to prolong the stage of denial."**

Elizabeth Kubler-Ross, in *Questions and Answers on Death and Dying*

## The Embalming Process

- Rigor mortis (stiffness) is relieved by massage. (Rarely but sometimes, tendons or muscles are cut for a more natural

### Additional Resources

10. Consider handling all arrangements without using a mortuary. Most people also don't know that in the majority of states a family or church group may handle a death *without* the use of a funeral home and many families have found it loving and therapeutic. The book, *Caring for the Dead: Your Final Act of Love*, gives a great deal of state specific practical information, and the PBS documentary, *A Family Undertaking* follows the stories of several families. Both are invaluable resources for anyone choosing this meaningful way to say goodbye.

And, a bonus tip: Join your local Funeral Consumers Alliance. Some have contracts with local funeral homes for services at a reduced price for members. Some have done a price survey and have done the price-shopping for you already. Most will refer you to an ethical funeral home. There are reciprocal benefits if you move to or die in another state. Supporting an Alliance will help to keep this consumer information available for future generations, and the membership contribution is modest.

**Remember:** Funeral directors are business people who deserve to be paid for what they do. However, it is your job, as a funeral consumer, to be well-educated about your funeral choices, to determine the kind of funeral or memorial service that meets the needs of your family, and to locate an ethically-priced facility that will honor your choices with caring and dignity.

*Dealing Creatively with Death: a Manual of Death Education and Simple Burial* by Ernest Morgan, Upper Access, 2000, 14th edition, 160 pages, \$17

A concise and readable guide on simplicity in funeral arrangements, cremation, body and organ donation, advice on procedures at the time of death, suggestions for memorial services, and much more.

*A Family Undertaking* by Elizabeth Westrate, Fanlight Productions, 2003. Available on Netflix or for purchase at [www.fanlight.com](http://www.fanlight.com)

Prior to the 20th century, most Americans prepared their dead for burial with the help of family and friends, but today most funerals are part of a multimillion-dollar industry run by professionals. "A Family Undertaking" explores the growing home-funeral movement by following several families in their most intimate moments as they reclaim the end of life, forgoing a typical mortuary funeral to care for their loved ones at home.

Order these books and see more at [www.funerals.org](http://www.funerals.org) or call 800-765-0107.

## 10 Tips for Saving Funeral Dollars



Funeral Consumers Alliance  
33 Patchen Road  
South Burlington, VT 05403  
802-865-8300  
800-765-0107

[www.funerals.org](http://www.funerals.org)

## Ten Tips

1. Talk about funerals with family members ahead of time so they all will know your wishes and you will know theirs. If your plans are mentioned only in a will, the will may not be read until long after other arrangements have been made. If Mom had always said she wanted something "simple" and you aren't sure what she meant, you may end up purchasing a great deal more than something truly "simple." Or perhaps Mom told everyone what kind of funeral she wanted, but she had no idea that it would cost far more than anyone could afford.

2. Price shop by phone or in person. Price-shopping can save you thousands of dollars. The funeral home in your neighborhood may be three times as expensive as one across town. By law, funeral homes have to give you prices over the phone, or hand you a General Price List when you start talking about prices at the funeral home. If the GPL shows that caskets begin at \$595, did you ask to see one if it was not on display?

3. Only buy what you want. If you are shopping for a funeral at the time of death take a friend with you, someone who will help you be sure you buy only what you want. Don't buy more than you intended out of guilt. People often think that how much they spend is a demonstration of how much they love someone. Don't buy more because of fears of being "different" or "cheap" or worries about "What people will think?" Funeral sales literature today commonly refers to a "traditional" funeral package (meaning elaborate and a good profit margin for the mortician), with one funeral often looking

might cost twice as much as the one in the next town.

6. Plan a memorial service without the body present. In that case, there would be no need for embalming, a fancy casket, or expensive transporting of the body back and forth. Private family visitation and "good-byes" can occur in the hospital or home, before you call a funeral director. Use a church, park, or community center for the memorial service without attending funeral home staff. Again, with this option, you do not have to use a local funeral home.

7. Skip embalming. Embalming is not routinely required by law. Some circumstances may precipitate the need for embalming, but in no state is it necessary when burial or cremation is planned within a day or so.

8. Consider body donation to a medical school. In some areas, there may be no cost to the family whatsoever. In other circumstances, the cost of transporting the body may be the only cost. Generally, cremated remains are returned to the family within a year or two.

9. Some cemeteries may require a grave liner or vault, but not all. There is no state law that does. If you prefer body burial, ask for a "grave liner" rather than a "coffin vault" at a fraction of the price. And again, be sure to shop around. The "outer burial container" is a way for morticians to increase their income and is an added burden on your funeral finances. With prices as much or more than caskets, remember that it is just a box-for-the-box which gets quickly covered by the cemetery lawn.

just like the next. Enjoy making your own traditions. A unique and personalized memorial observance is what others will remember. Don't feel obligated to put on a big "show" when the deceased has been prominent during his or her lifetime. For the cremation of the author of *The American Way of Death*, Jessica Mitford's family spent just under \$500. Shortly thereafter, they hosted a grand memorial gathering. It was very much in keeping with Jessica's disdain of lavish funeral merchandise but love of a good party.

4. Make your own or buy online. You can find caskets or kits on line for a fraction of the retail price. It is illegal for a mortuary to charge a "handling fee" for using a casket obtained elsewhere. Or, choose a "minimum container" from the mortuary and drape it with attractive material, a hand-made quilt, or a flag. Most people know what's involved in growing a head of lettuce or a few tomatoes and would think \$10 each was an outrageous price; they probably would stop buying them. Few consumers realize that caskets may be marked up 300-500% or more. A casket that is listed for \$1,295 at the funeral home might wholesale for only \$325. That same casket is probably available from a casket retailer for \$650.

5. Consider the "direct burial" or "immediate cremation" packages. These plans do not necessitate buying grand caskets, embalming, cosmetic touch-ups, or funeral services and processions. Cemetery space for cremated remains is generally — but not always — less expensive than the space needed for a body burial. Cremated remains can be buried/scattered almost wherever you choose. Also, if you choose one of these options, you don't need to use a local funeral home which

### *A Pervasive Concern*

Every year, thousands of older Americans seek advice about funeral plans. One short article in the back pages of *Modern Maturity* prompted more than 20,000 letters voicing worries and practical concerns about the indignity and expense of dying . . .

*I am almost 76 years of age . . . my husband and I are living on Social Security, and our savings are small. It would take almost all that we have for the funeral . . .*

(Milwaukee, Wisconsin)

*My wife and I went to the undertaker we planned for our funerals, but when we asked about the minimum cost, they said at least \$1,500. So we have been looking around for somebody else.*

(Thompson, Connecticut)

*I have seen what my mother-in-law and grandmothers went through within hours of losing their husbands . . . They were made to feel that if they didn't provide the very best, they surely didn't love their life mates.*

(Charlotte, North Carolina)

*I want to arrange for my cremation while I can still function. I am 86—absolutely alone—no relatives of any kind. I do have many nice friends, but I do not want to leave them the burden of disposing of me . . . I only wish I could send my ashes to be scattered over the lakes and mountain peaks of my most beloved native Switzerland . . . I want to go home.*

(Caroline County, Maryland)

If your family finds it difficult to talk about preparing for death, you may find one of these pamphlets helpful.

#### *Soothing the Way Series*

*Common Funeral Myths  
Cremation Explained  
Death Away from Home  
Did You Forget?  
Earth Burial: A Tradition in Simplicity  
Eco-friendly Death and Funeral Choices  
How to Help Grieving People  
How to Read a General Price List  
Light, Like the Sun—an essay on cremation  
No One Wants to Talk about Death  
Organ & Body Donation: A Gift to Science  
Prepaying Your Funeral: Benefits & Dangers  
Recycle Your Medical Devices  
Simple & Cheap, My Father Said—daughter  
of Supreme Court Justice Hugo Black  
Ten Tips for Saving Funeral Dollars  
Twelve Reasons People Spend "Too Much"  
Veterans Funeral & Burial Benefits  
Viewing & Visitation: The Difference  
What Shall We Do with the Ashes?  
What You Should Know about Embalming*

#### *Additional Resources*

*Dealing Creatively With Death: A Manual of Death Education and Burial* by Ernest Morgan.  
Upper Access, 160 pp. \$14.95

*Caring for the Dead, Your Final Act of Love* by Lisa Carlson. Upper Access, 640 pp. \$29.95

To order these books, write to the address on the front of this brochure. Please add \$2.50 for shipping and handling. For credit card orders, call 1-800-765-0107

# No One Wants To Talk About Death

## How to Help



Funeral Consumers Alliance  
33 Patchen Road  
South Burlington, VT 05403  
802-865-8300  
800-765-0107

[www.funerals.org](http://www.funerals.org)

### **Who Cares If I Die?**

Planning for death is often an unspoken worry. People have trouble expressing fears and feelings openly. They broach the subject awkwardly, hoping someone will pick up on their cues.

*"Don't worry about me. I'm too old. I won't be around much longer."*

*"I don't want to be a burden to my family and friends."*

*"I'm not going to die. I'm going to live forever."*

*"How can I plan for my death?"*

*"Do I need a will?"*

*"I want to change my will."*

*"Who will pay? I don't want to die a pauper."*

*"I've got my plot all paid for."*

*"I'd be better off dead."*

*"I'm such a burden—they'll be glad when I'm gone."*

*"I'll be called home soon."*

*"My family will know what to do."*

Become aware of these hidden concerns so you can help people over the hurdles to discussion. If you feel self-conscious about discussing funeral plans with the people you care for, think about the comfort they may derive from:

- knowing someone cares and is concerned

- easing anxieties just by talking

- finding that making plans isn't so difficult, especially when they're not alone.

### **Peace of Mind Comes With Planning**

Because . . .

- Sharing plans with loved ones often brings families closer and makes grief easier to overcome.

- Planning ahead is satisfying for people who like to make their own decisions and do things for themselves. It gives them an opportunity to be responsible for themselves—and for others.

- Knowing arrangements are made smooths away some worries about dying or burdening others with unfinished business. Completing an important task—especially if doing so helps someone they love—gives people a significant sense of accomplishment and pride.

- People can explore alternatives and make choices that suit their religious beliefs, personal values, and financial circumstances.

- Planning gives people an important opportunity to help others—through anatomical donations or memorial gifts to a favorite charity. It also spares families all of the pain and dissension that can arise over making arrangements at a time of crisis.

- Planning ahead does not mean paying ahead but it can save money. It also protects loved ones from emotional decisions—and expensive mistakes—when death occurs.

### **Be Aware of Choices**

Before people can make funeral plans they need to be aware of the choices available. To make informed choices, they need to know all the options, costs, and legal requirements. You can help. We can help, too.

Today, funerals often cost \$6,000 or more. For many people, a funeral is one of the largest expenses they will face. Most will make funeral arrangements having little knowledge of their rights or alternatives. Decisions are made at a time when judgment is clouded by grief and bereavement—when people are most vulnerable.

More than fifty years ago, memorial societies were formed to provide consumers with the information needed for thoughtful planning. In many cities, volunteer members have already done the research and price-shopping needed to arrange a simple, dignified, and economical funeral. Memorial society members rarely spend more than \$1,000 for such services.

. . . .

**ATTACHMENT 2**  
**SPOJA/CMC COMPLAINT**

# LUNGKAI PULATIONS

to our Fair Booth Raffle Winners!



Joe Florent, Winifred,

won the 32" LCD HD TV

Jordan Grindheim, Roy,

won the \$50 second prize

The names were drawn by Miss Brooke Lawson

of Lewistown. Brooke will be a kindergartener

at Highland Park Elementary next fall.

**CENTRAL MONTANA CREMATORIUM**

**ATTACHMENT 3**  
**SPOJA/CMC COMPLAINT**

## Local Area Price and Service Comparison

(Be sure to read the General Price List very carefully, get your own quote in writing, and make your own comparison. Comparisons are difficult to make because of the creative ways some General Price Lists are written.)

Removal of remains	\$995.00 Direct Cremations at Central Montana Crematorium, Inc	\$995.00 Direct Cremation outsourced from Local Funeral Home *	\$1890 "Immediate Cremation" outsourced from Local Funeral Home	\$3090 "Cremation with Service" outsourced from Local Funeral Home	\$3950 "Full Service and Cremation" outsourced from Local Funeral Home
Transportation of remains to crematory	Free for the first 130 miles. **	Free for the first 110 miles. (\$2/mile after that)	Free for the first 50 miles. (\$3/mile after that)	Free for the first 50 miles. (\$3/mile after that)	Free for the first 50 miles. (\$3/mile after that)
Cremation Container	Included	Included	Not mentioned	Not mentioned	Not mentioned
All paper work required by the State of Montana and Social Security and the Veterans Administration	Included	Not allowed*	Included	Included	Included
Use of facilities and staff for any visitation/viewing.	Not applicable	Not allowed*	Not Included	Not Included	Included
Use of facilities and staff for memorial service or funeral	No charge for facilities F.H. 2	Not allowed*	Not Included	Included	Included
Refrigerated shelter of body	Included	Not allowed*	No capability	No capability	No capability
Cremation urn	Included	Additional for \$87.50-\$480*	Additional for \$60-\$1360*	Additional for \$60-\$1360*	Additional for \$60-\$1360*
Memorial Book and Folders	Available at our cost	Not offered*	Additional for \$35-\$200*	Included	Included

\*\* This includes all of Great Falls and Billings.

\* The Local Funeral Home General Price List states, "If any other services are requested, this price will not apply."

**ATTACHMENT 4**  
**SPOJA/CMC COMPLAINT**

# Central Montana Crematorium, Inc.

License: 192 CRE  
P. O. Box 882  
100 Cattail Drive  
Lewistown, Montana 59457  
Telephone: (406) 538-4400  
FAX: 1-406-538-4401  
E-Mail: [cmci@midrivers.com](mailto:cmci@midrivers.com)  
[www.centrlmontanacrematorium.com](http://www.centrlmontanacrematorium.com)

## General Price List for Direct Cremation

<b>Basic Professional Fee:</b> (includes services of staff, proportional overhead, and all required paper work such as death certificates, VA, and social security reports. )	<b>\$595.00</b>
<b>Removal of the Deceased within 130 miles radius of Lewistown</b> (\$1.65/mi after the 130 mile radius)	<b>no charge</b>
<b>Sheltering of body, including refrigeration</b>	<b>no charge</b>
<b>Cremation charge</b>	<b>\$350.00</b>
<b>Fiber board cremation container</b>	<b>\$ 50.00</b>
<b>Urn suitable for burial</b>	<b>no charge</b>
<b><u>TOTAL PRICE FOR BASIC CREMATION</u></b>	<b><u>\$995.00</u></b>
<b>Mailing of remains to authorized person(s)</b>	<b>\$ 50.00</b>

Central Montana Crematorium provides direct cremation. We do not do funeral arrangements. These may be done by the family, church or other parties.

For more information on cemetery, cremation and mortuary regulations contact:

Board of Funeral Service  
301 South Park,  
P. O. Box 200513  
Helena, MT 59620-0513

Telephone: (406) 841-2300.

Effective date: July 23, 2012  
GPL 2011

**ATTACHMENT 5**  
**SPOJA/CMC COMPLAINT**

William Spoja Testimony at  
Economic Affairs Committee 10.6.11

1 Montana Crematorium advertises direct cremation in  
2 the Lewistown News Argus, and if requested sends  
3 out prices for their services." Remarkable, hum?

4 Then he goes on to say, "My complaint is  
5 the removal of a pacemaker by them, and also  
6 viewing at the crematory." He ended by saying, "A  
7 ~~crematory does not have to have a room for viewing~~  
8 to obtain a license," which I think makes no  
9 difference about anybody.

10 But anyway, the thing we need to  
11 remember is the statutes require that we remove a  
12 pacemaker or other such implant from a body before  
13 placing it in a crematory retort to be processed.  
14 The reason for that of course is the simple fact  
15 that those battery operated units will explode,  
16 destroy the body, probably destroy the retort, and  
17 perhaps kill the operator of the crematorium.

18 \* So we simply have set a regulation at  
19 our place saying we do and will remove pacemakers.  
20 I insist that our people do that for their own  
21 safety and for the safety of the whole operation.  
22 Not surprisingly, we were ultimately found to be  
23 correct in all of this in this procedure, and our  
24 case was ultimately dismissed.

25 A second example. On the fourth day of

**ATTACHMENT 6**  
**SPOJA/CMC COMPLAINT**

May 11, 2012

RE: Complaint, Soliciting the remains of a deceased person

CC: Department of Labor and Industry, Montana Board of Funeral Service

To whom it may concern,

I am filing a complaint based on a conversation I had with Linette Morley. She is a daughter of Dolores Brown, a lady that passed away here in Lewistown, MT. When Dolores died on May 2, 2012 we were contacted by her family and began making the arrangements for direct cremation with a private family service to be held later. We were simply waiting for the necessary authorization from Linette to cremate. On May 3, 2012 we received a phone call from Linette and she expressed some concern as to what she should be doing. She stated they had never done this before and that she had received an unsolicited phone call from the Central Montana Crematorium informing her they could take care of everything for her and at half price.

I have since met with Dolores' family and had to again explain how the Central Montana Crematorium is in operation without having a licensed professional on its staff. They continue to mislead the public with false statements, create confusion, and bad mouth the funeral industry.

While this family agrees the actions Central Montana Crematorium took were unprofessional and should be accountable, their main concern (as should be) is the loss of their mother. I explained I would file this complaint as this action is not legal and they agreed something should be done to stop this from happening to someone else. And like many others, Linette's husband Mike asked, "How can these people be in operation without a licensed professional working there?"

Families in Montana deserve better care than this. This is exactly why this and other complaints against the Central Montana Crematorium are valid and should demand some action by the Montana Board of Funeral Service. The regulation/rule of conduct I referenced for soliciting the remains of deceased individuals is clearly directed at unprofessional conduct of a funeral board licensee. This leaves Central Montana Crematorium allowed to operate without anyone there to be held accountable for their actions. How does this protect the public? When you represent yourself as someone that can arrange for the final disposition of a dead body, then you should be licensed.

Respectfully,



Ralph Mihlfeld

**ATTACHMENT 7**  
**SPOJA/CMC COMPLAINT**

**Central Montana Crematorium, Inc**

License: 192 CRE

Telephone: (406) 538-4400

Lewistown, Montana 59457

NO MORTICIAN IS REQUIRED

\$995 -- NO UP-GRADES

April 26, 2012

THANKS, CENTRAL MONTANA, FOR YOUR SUPPORT...

We cannot tell you how much we appreciated (and needed) your support during the recent time while the Montana Funeral Board had ordered Central Montana Crematorium closed. We were forced into closure by the personnel of that Board on March 5th and have been closed until given notice we could reopen on Thursday, April 26th. Thank goodness, one more small business in Central Montana is able to remain open.

We are pleased that we can say that we have not had a single complaint filed against us by a patron using our service. All have been mortician generated.

We had to agree that we would not remove pace makers or other explosive implants even though only crematoriums BY LAW must be sure they are removed before cremation. In the past, morticians had no interest in their removal. We must remove them not only because of the law, but also because the batteries contained in them are explosive and can endanger the lives of our operators and destroy our equipment. They must be removed. Because of the action of the Board, we will now be forced to find more expensive and less convenient ways to meet this need; WE CANNOT REMOVE THEM OURSELVES AND WE WILL NOT BE DOING SO.

Again, we and our staff send our heartfelt thanks to all of you who wrote letters to the editor, letters to government officials, called us, stopped us on the street or wherever you found us and otherwise let us know you supported our little business. It will make us even more determined to give you continued good service and fair pricing. Although this problem has cost us about \$20,000, we will not increase our price. It remains \$995, as always.

*No longer will we be forced to appear before the funeral board which files the complaint, conducts its own hearing and makes the decision and issues its own order. We have another hearing before an independent hearing officer in July. Since he is trained in the law we look forward to that hearing.*

Thank you very much,

*Bill and Mary Helen Spoja*  
Central Montana Crematorium, Inc.

WE ARE OPEN

As of April 26

Central Montana Crematorium  
is again at  
available to  
capable, and

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Funeral Board  
chairman,  
all of our li  
in good sta

Our price r  
phone num  
538-4400.

You have o  
gratitude fo  
during this

Inc

**WE ARE OPEN FOR BUSINESS, AGAIN!**

*As of April 26, 2012*

RT...

your support  
id ordered Central  
by the personnel  
in notice we could  
small business in

**Central Montana Crematorium  
is again at work. Our staff will be  
available to serve you in their usual  
capable, courteous manner.**

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tician generated.

other explosive  
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r, but also because  
ger the lives of  
loved. Because  
re expensive and  
MOVE THEM

**The "emergency" order from the  
Funeral Board, Richard J. Brown,  
chairman, has been rescinded and  
all of our licenses are returned and  
in good standing.**

ou who wrote  
i, stopped us on the  
/ou supported our  
e you continued  
st us about  
always.

**Our price remains \$995. Our 24/7  
phone number remains the same,  
538-4400.**

ard which files the  
and issues its own  
ng officer in July.  
g.

**You have our most sincere  
gratitude for your patience  
during this trying time.**

**ATTACHMENT 8**  
**SPOJA/CMC COMPLAINT**

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201014-004169

To Be Completed By: Funeral Director

To Be Completed By: Medical Certifier

1. DECEDENT'S NAME (First, Middle, Last) <b>Malvin Lavorno Martin</b>		AKAs (If Any)		2. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) <b>June 24, 2010</b>	
3. SEX <b>Male</b>	4. SOCIAL SECURITY NUMBER <b>516-38-3003</b>	5. Age - last birthday (Years) <b>71</b>	6a. Under 1 Year Months <b>71</b>	6b. Under 1 Day Hours <b>00</b>	7. DATE OF BIRTH (Month/Day/Year) <b>April 08, 1939</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Care at Arrival OTHER: <input type="checkbox"/> Nursing Home/Residential Care <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other		17. COUNTY OF DEATH <b>Fergus</b>			
16. FACILITY NAME (If not included, give street and number) <b>Central Montana Medical Center</b>			18. CITY, TOWN OR LOCATION OF DEATH <b>Lewistown</b>		
8. BIRTHPLACE (City, and State of Foreign Country) <b>Lewistown, Montana</b>		9. MARITAL STATUS <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Married and Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE <b>Laurie J. Minnerly</b>	
14. DECEDENT'S USUAL OCCUPATION (Give kind of work done during last of working life. Do not use retired.) <b>Self employed</b>		15. KIND OF BUSINESS/INDUSTRY <b>Carpent and flooring store</b>		16. WAS DECEDENT EVER IN US ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Fergus</b>	7c. CITY, TOWN, OR LOCATION <b>Lewistown</b>	7d. STREET NUMBER <b>414 5th Ave N.</b>	7e. ZIP CODE <b>59457</b>	7f. RURAL CITY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> 9th-12th grade: No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g. PhD, DEd) or Professional degree (e.g. MD, DDS, DVM, LL.D, JD)		12. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		13. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considers himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) <b>Robert H. Martin</b>		12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Claira Ramsey</b>			
13a. INFORMANT'S NAME <b>Laurie J. Martin</b>		13b. RELATION TO DECEDENT <b>Wife</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>Lewistown, Montana 59457</b>	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Government <input type="checkbox"/> Donation <input type="checkbox"/> Other		18. PLACE OF DISPOSITION <b>Central Montana Crematorium</b>		20. LOCATION (City or Town, State) <b>Lewistown, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Paul Huff</b>		23. MONTANA LICENSE NO (if licensee is applicable)		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Central Montana Crematorium, 301 W Main St, Lewistown, Montana 59457</b>	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>June 24, 2010</b>		25. TIME PRONOUNCED DEAD <b>16:20 Military</b>	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Annotto Comes, M.D.</b>		27. LICENSE NUMBER <b>9585</b>			
28. DATE SIGNED (Month/Day/Year) <b>June 24, 2010</b>		30. ACTUAL OR PRESUMED TIME OF DEATH <b>16:15 Military Actual</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
32. PART I. Cause (by chain of events - disease, trauma, or injury) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or circulatory cessation without showing the primary DO NOT INCLUDE DATE. Colorfully use color in title. Add additional lines if necessary. IMMEDIATE CAUSE (final disease or condition resulting in death) → <b>Coronary Artery Disease</b>					Approximate Interval (Include Month, Day, Year) <b>6 years</b>
b. DUE TO (or as a consequence of)					
c. DUE TO (or as a consequence of)					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I <b>Cerebrovascular Hx of Cerebrovascular accident 2004</b>					33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending (Investigation) <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		39. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
DATE OF INJURY (Month/Day/Year) <b>32.</b>	TIME OF INJURY <b>41.</b>	INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)		
43. DESCRIBE HOW INJURY OCCURRED					44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other
42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)					
45. TO BE COMPLETED BY CERTIFIER (A certifier can be a MD, PA, APRN, or coroner) <input type="checkbox"/> Certifier certifies to the best of his/her knowledge when occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing a Certifying physician: To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner/Coroner: On the basis of investigation made by me, or by a coroner, deputy coroner, or other person in this state, date, and place, and due to the cause(s) and manner stated. SIGNATURE <b>Richard J. Brown</b>					46. DATE CERTIFIED (Month/Day/Year) <b>June 28, 2010</b>
48. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Richard J. Brown PO BOX 595, Lewistown, MT 59457</b>					47. TITLE <b>County Coroner</b>
LOCAL REGISTRAR'S NAME <b>Card L. Craig</b>					49. DATE FILED (Month/Day/Year) <b>June 29, 2010</b>

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201014-004659

**To Be Completed By: Funeral Director**

1. DECEASED'S NAME (First, Middle, Last) <b>Richard Edwin Fleming</b>		AKAs (if any)		20. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) <b>July 15, 2010</b>	
2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>482-30-9057</b>	Age - last birthday (Years) <b>80</b>	4a. Under 1 Year (Months) Days	4b. Under 1 Day (Hours) Minutes	5. DATE OF BIRTH (Month, Day, Year) <b>January 30, 1930</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Door on Arrival OTHER: <input checked="" type="checkbox"/> Nursing Home/Long-term care <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other			15. FACILITY NAME (If not institution, give a street and number) <b>Valle Vista Manor</b>		
16. CITY/TOWN OR LOCATION OF DEATH <b>Lewistown</b>			10. SURVIVOR'S OCCUPATION <b>Elaine Tatman</b>		
6. BIRTHPLACE (City, and State or Foreign Country) <b>State Center, Iowa</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Unknown		11. SURVIVOR'S OCCUPATION <b>Elaine Tatman</b>	
14. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Extension Agent</b>			16. KIND OF BUSINESS/INDUSTRY <b>Agriculture</b>		18. WAS DECEASED EXERCISING ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. MOUNTAIN STATE <b>Montana</b>	7b. COUNTY <b>Fergus</b>	7c. CITY, TOWN, OR LOCATION <b>Lewistown</b>	7d. STREET NUMBER <b>173 Kolar Lane</b>	7e. ZIP CODE <b>59457</b>	7f. HOME CITY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. DECEASED'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (e.g., A.A.S.) <input checked="" type="checkbox"/> Bachelor's Degree (e.g., B.A., B.S.) <input type="checkbox"/> Master's Degree (e.g., M.A., M.S., M.Ed., M.Div., M.B.A.) <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D.) or Professional degree (e.g., M.D., D.D.S., D.V.M., L.L.M.)		12. DECEASED OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		13. DECEASED'S RACE (Check one or more races to indicate if the decedent identifies himself or herself as his.) <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) <b>Everet Oakley Fleming</b>		12. MOTHER'S NAME (First, Middle, Last name before first marriage) <b>Ora Florence Keeling</b>			
13a. INFORMANT'S NAME <b>Elaine Fleming</b>		13b. RELATION TO DECEASED <b>Wife</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>173 Kolar Lane, Lewistown, Montana 59457</b>	
14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Central Montana Crematorium</b>		20. LOCATION (City or Town, State) <b>Lewistown, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Paul Huff</b>		23. MONTANA LICENSE NO. (if license is applicable)		24. NAME AND ADDRESS OF FUNERAL FACILITY <b>Central Montana Crematorium, 601 W Main St, Lewistown, Montana 59457</b>	

**ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH**

24. DATES PRONOUNCED DEAD (Month, Day, Year) <b>July 15, 2010</b>		25. TIME PRONOUNCED DEAD <b>23:00 Military</b>		
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Michael Sura, M.D.</b>		27. LICENSE NUMBER <b>11299</b>		
28. DATE SIGNED (Month, Day, Year) <b>July 16, 2010</b>		29. ACTUAL OR PRESUMED TIME OF DEATH <b>22:46 Military Actual</b>		
30. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
32. PART I. Enter the cause of death - disease, injury, or complication - that directly caused the death. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Enter only one cause on this line. All other causes in Part II. <b>CAUSE OF DEATH (See instructions and example)</b> <b>Dementia</b> <b>Adult failure to survive <u>thrive</u></b>			33. APPROXIMATE YEAR (Specify M, A, D, Y, etc.) <b>YEARS</b>	
34. IMMEDIATE CAUSE (Final disease or condition leading to death) <b>Adult failure to survive thrive</b>				
35. CAUSE (Intermediate or injury that led to the immediate cause) <b>Adult failure to survive thrive</b>				
36. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			37. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined	38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Possibly <input type="checkbox"/> Unknown	39. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant & time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death		
40. DATE OF INJURY (Month, Day, Year) <b>08</b>	41. TIME OF INJURY <b>39</b>	42. INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	43. PLACE OF INJURY (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)	44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other
45. DESCRIBE HOW INJURY OCCURRED			46. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)	
47. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certifying Physician: To the best of my knowledge and belief, I certify that the cause, date, and place of death are true and correct. <input type="checkbox"/> Forensic or Coroner's Physician: On the basis of my knowledge and belief, I certify that the cause, date, and place of death are true and correct. <input type="checkbox"/> Medical Examiner: On the basis of my knowledge and belief, I certify that the cause, date, and place of death are true and correct. SIGNATURE: <b>Michael Sura</b>			48. DATE CERTIFIED (Month, Day, Year) <b>July 20, 2010</b>	
49. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Michael Sura</b>			50. LOCAL REGISTRAR'S NAME <b>Carri L. Crnk</b>	
51. ADDRESS AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>310 Wendell, Lewistown, MT 59457</b>			52. DATE FILED (Month, Day, Year) <b>July 20, 2010</b>	

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201014-004174

To Be Completed By: Funeral Director

1. DECEDENT'S NAME (First, Middle, Last) <b>Francis Ellsworth Brown</b>		AKA (If Any)		23. ACTUAL OR PRESUMED DATE OF DEATH (Month, Day, Year) <b>June 27, 2010</b>	
2. SEX <b>Male</b>	3. SOCIAL SECURITY NUMBER <b>517-09-9122</b>	4. Age - (Last Birthday) <b>95</b>	4a. Under 1 Year Month: Days:	4b. Under 1 Day Hours: Minutes:	5. DATE OF BIRTH (Month, Day, Year) <b>January 23, 1915</b>
14. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/ICU/Intensive <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home/Long Term Care <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other			15. FACILITY NAME (If not institution, give street and number) <b>Central Montana Medical Center</b>		
6. BIRTHPLACE (City, and State or Foreign Country) <b>Grass Range, Montana</b>			9. MARITAL STATUS <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE
11. FATHER'S NAME (First, Middle, Last) <b>Raymond L. Brown</b>		12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Gladya B. Bettrick</b>		13. MAIN HOME ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>515 Stendal Road, Lewistown, Montana 59457</b>	
17. COUNTY OF DEATH <b>Fergus</b>		18. CITY, TOWN OR LOCATION OF DEATH <b>Lewistown</b>		19. STREET NUMBER <b>38 Cherry Lane</b>	
7a. RESIDENCE STATE <b>Montana</b>		7b. COUNTY <b>Fergus</b>		7c. CITY, TOWN, OR LOCATION <b>Lewistown</b>	
7d. STREET NUMBER <b>38 Cherry Lane</b>		7e. ZIP CODE <b>59457</b>		7f. RURAL ROUTE CITY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Mechanic - Bar Tender</b>		5. KIND OF BUSINESS/INDUSTRY <b>Garage - Moose Lodge</b>		6. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. DECEASED'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input checked="" type="checkbox"/> 9th-12th grade; No diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., M.A., M.S., M.Ed., M.B.A., M.Div.) <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D.) or Professional degree (e.g., M.D., D.O., D.V.M., LL.M., J.D.)		32. DECEASED OF HISPANIC ORIGIN (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		33. DECEASED'S RACE (Check one or more boxes to indicate what the decedent considers himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Okinawan or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (or specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the group or principal tribe) <input type="checkbox"/> Other (Specify)	
13a. INFORMANT'S NAME <b>Elsie Shammel</b>		13b. RELATION TO DECEDENT <b>Daughter</b>		20. LOCATION (City or Town, State) <b>Lewistown, Montana</b>	
18a. MANNER OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Central Montana Crematorium</b>		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Central Montana Crematorium, 801 W Main St, Lewistown, Montana 59457</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Paul Huff</b>		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>June 27, 2010</b>		25. TIME PRONOUNCED DEAD <b>13:14 Military</b>	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>William R. Holmes, D.O.</b>		29. DATE SIGNED (Month/Day/Year) <b>June 27, 2010</b>		30. ACTUAL OR PRESUMED TIME OF DEATH <b>13:14 Military Actual</b>	
27. LICENSE NUMBER <b>5370</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		32. PART I. Enter the cause of death - the cause, injury, or complication - that directly caused the death. DO NOT write terminal events such as aneurysm, stroke, respiratory arrest, or ventricular fibrillation without showing the underlying DO NOT include "heart failure" or "respiratory failure" if the cause of death is listed below. IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Myocardial Infarction</b> DUE TO (For use as a secondary cause): b. <b>COPD</b> DUE TO (For use as a contributing cause): c. <b>Myocardial</b> DUE TO (For use as a antecedent cause): d. <b>drugs</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined		38. TOBACCO USE CONTRIBUTIVE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant if type of death Unknown if pregnant within past year	
40. DATE OF INJURY (Month, Day, Year) <b>38</b>		41. TIME OF INJURY <b>41</b>		42. PLACE OF INJURY (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)	
43. DESCRIBE HOW INJURY OCCURRED		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other		45. LOCATION (Street and Number of Rural Route, City, Town, State, Zip Code)	
46. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certifying as true to the best of my knowledge each occurrence of the time, date, and place, and cause of the cause(s) as a primary cause. <input type="checkbox"/> Certifying as true to the best of my knowledge each occurrence of the time, date, and place, and cause(s) as a secondary cause. <input type="checkbox"/> Medical Examiner/Coroner. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. SIGNATURE <b>William R. Holmes</b>		48. DATE CERTIFIED (Month, Day, Year) <b>June 27, 2010</b>		49. LICENSE NO <b>5370</b>	
50. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>William R. Holmes</b> <b>310 Wendell Ave Suite 103, Lewistown, MT 59457</b>		LOCAL REGISTRAR'S NAME <b>Cari L. Cain</b>		51. TITLE <b>D.O.</b>	
52. DATE FEE IS PAID (Month/Day/Year) <b>June 29, 2010</b>					

To Be Completed By: Medical Certifier

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201014-006825

To Be Completed By: Funeral Director

To Be Completed By: Medical Certifier

1. DECEDENT'S NAME (First, Middle, Last) <b>Pearl Jeannette Brown</b>		A.M.A. (If Any)		20. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Specify Month) <b>October 16, 2010</b>	
2. SEX <b>Female</b>	3. SOCIAL SECURITY NUMBER <b>516-30-8913</b>	Age - last birthday (Years) <b>91</b>	4a. Under 1 Year Months <b>91</b>	4b. Under 1 Day Hours <b>00</b>	5. DATE OF BIRTH (Month, Day, Year) <b>November 18, 1918</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival			OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Long-term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other		
16. FACILITY NAME (If not institution, give street and number) <b>Central Montana Medical Center</b>			18. CITY, TOWN OR LOCATION OF DEATH <b>Lewistown</b>		
6. BIRTHPLACE (City, and State or Foreign Country) <b>Montana</b>		8. MARITAL STATUS <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE <b>Raymond Holt Brown</b>	
64. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Cosmetologist</b>			65. KIND OF BUSINESS/INDUSTRY <b>Beauty Industry</b>		66. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Fergus</b>	7c. CITY, TOWN OR LOCATION <b>Lewistown</b>	7d. STREET NUMBER <b>1209 7th Ave n.</b>	7e. ZIP CODE <b>59457</b>	7f. INSIDE CITY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
61. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, No Diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate's Degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g. BA, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MEd, MEd, MEd, MSW, MHA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LL.D, JD)		62. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		63. DECEDENT'S RACE (Check one or more races to indicate that the decedent considers himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the ancestor or principal tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) <b>Jethro Wareham</b>		12. MOTHER'S NAME (First, Middle, Last name before first marriage) <b>Lillian Montgomery</b>			
13a. INFORMANT'S NAME <b>Mary Leo Comes</b>		13b. RELATION TO DECEDENT <b>Daughter</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2264 East Fork Lewistown, Montana 59457</b>	
15. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other		19. PLACE OF DISPOSITION <b>Central Montana Crematorium</b>		20. LOCATION (City or Town, State) <b>Lewistown, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Paul Huff</b>		23. MONTANA LICENSE NO (if licensee is applicable)		24. NAME AND ADDRESS OF FUNERAL FACILITY <b>Central Montana Crematorium, 801 W Main St, Lewistown, Montana 59457</b>	
ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>October 16, 2010</b>		26. TIME PRONOUNCED DEAD <b>06:30 Military</b>	
25. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Kristopher Cunningham, M.D.</b>		27. LICENSE NUMBER <b>11608</b>			
28. DATE SIGNED (Month/Day/Year) <b>October 16, 2010</b>		30. ACTUAL OR PRESUMED TIME OF DEATH <b>05:25 Military Acutl</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I. CAUSE OF DEATH (See instructions and example) <small>Indicate the cause of death by circling the cause. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or respiratory failure without circling the primary, underlying cause. DO NOT abbreviate. Enter only one cause on a line. Add additional lines if necessary.</small>					Approximate Period (Include M, P, Day, Yr, etc.)
a. <u>Cardiac Arrest</u> <small>DUPLICATE TO PREPARE AUTOPSY REPORT</small>					2 days
b. <u>Interior Myocardial Infarction</u> <small>DUPLICATE TO PREPARE AUTOPSY REPORT</small>					2 days
c. <u>ACSVD</u> <u>Small vessel</u> <small>DUPLICATE TO PREPARE AUTOPSY REPORT</small>					30 years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Pending investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably Unknown		36. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year	
38. DATE OF INJURY (Month, Day, Year) <b>08</b>	39. TIME OF INJURY	40. INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	41. PLACE OF INJURY (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area)		44. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other
43. DESCRIBE HOW INJURY OCCURRED					42. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)
45. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certified Physician To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Presumptive & Corroborative Physician To the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Any other Certified Physician On the basis of a coroner's office investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					46. DATE CERTIFIED (Month, Day, Year) <b>October 18, 2010</b>
SIGNATURE <b>Kristopher Cunningham</b>					48. LICENSE NO <b>11608</b>
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Kristopher Cunningham</b>					47. TITLE <b>M.D.</b>
224 W Main Suite 403, Lewistown, MT 59457					49. DATE FILED (Month/Day/Year) <b>October 20, 2010</b>
LOCAL REGISTRAR'S NAME <b>Carri L. Crain</b>					

Local File Number:

MONTANA CERTIFICATE OF DEATH

State File Number: 201014-004413

To Be Completed By: Funeral Director

1. DECEDENT'S NAME (First, Middle, Last) <b>Elisabeth Margaret Coolidge</b>		AKA(s) (If Any)		20. ACTUAL OR PRESUMED DATE OF DEATH (M/D/Y) (Spell Month) <b>June 30, 2010 Approximate</b>	
2. SEX <b>Female</b>	3. SOCIAL SECURITY NUMBER <b>311-92-8859</b>	4. Age - last birthday (Years) <b>89</b>	5. a. Under 1 Year (Months) Days	6. Under 1 Day (Hours) Minutes	17. COUNTY OF DEATH <b>Fergus</b>
14. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Nursing Home, long-term care facility <input type="checkbox"/> Residence <input type="checkbox"/> Hospice <input type="checkbox"/> Other			16. CITY/TOWN OR LOCATION OF DEATH <b>Lewistown</b>		
15. FACILITY NAME (If not institution, give street and number) <b>Central Montana Medical Center</b>		8. BIRTHPLACE (City, and State or Foreign Country) <b>East Chicago, Indiana</b>		9. MARITAL STATUS <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown <b>Harold Lane Coolidge</b>	
64. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) <b>Nurse</b>		54. KIND OF BUSINESS/INDUSTRY <b>Health care</b>		8. WAS DECEDENT EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. RESIDENCE STATE <b>Montana</b>	7b. COUNTY <b>Fergus</b>	7c. CITY, TOWN, OR LOCATION <b>Lewistown</b>	7d. STREET NUMBER <b>916 Mountain View Drive</b>	7e. ZIP CODE <b>59457</b>	7f. INSIDE CITY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
61. DECEDENT'S EDUCATION (Specify only the highest diploma or degree received) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, No diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, but no degree <input type="checkbox"/> Associate Degree (e.g. AAAB) <input type="checkbox"/> Bachelor's Degree (e.g. BAAB, BS) <input type="checkbox"/> Master's Degree (e.g. MA, MS, MEd, MEd, MEd, MEd) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LL.D., JD)		62. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the No box if the decedent is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		63. DECEDENT'S RACE (Check one or more races to which the decedent considers himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Black African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean or Chonoreo <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled original tribe) <input type="checkbox"/> Other (Specify)	
11. FATHER'S NAME (First, Middle, Last) <b>Stephen Unknown Balo</b>		12. MOTHER'S NAME (First, Middle, last name before first marriage) <b>Theresa Unknown Zabora</b>			
13a. INFORMANT'S NAME <b>Harold Lane Coolidge</b>		13b. RELATION TO DECEDENT <b>Husband</b>		13c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>916 Mountain View Drive, Lewistown, Montana</b>	
10. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other		18. PLACE OF DISPOSITION <b>Central Montana Crematorium</b>		20. LOCATION (City or Town, State) <b>Lewistown, Montana</b>	
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER PERSON IN CHARGE OF DISPOSITION <b>Thomas Poljanec</b>		23. MONTANA LICENSE NO (if license is applicable) <b>792</b>		21. NAME AND ADDRESS OF FUNERAL FACILITY <b>Central Montana Crematorium, 801 W Main St, Lewistown, Montana 59467</b>	

To Be Completed By: Medical Certifier

ITEMS 24-28 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		24. DATE PRONOUNCED DEAD (Month/Day/Year) <b>June 30, 2010</b>		25. TIME PRONOUNCED DEAD <b>16:45 Military</b>	
26. SIGNATURE OF PERSON PRONOUNCING DEATH (only when applicable) <b>Richard N. Taylor Jr., M.D.</b>		27. LICENSE NUMBER <b>4660</b>			
28. DATE SIGNED (Month/Day/Year) <b>July 09, 2010</b>		30. ACTUAL OR PRESUMED TIME OF DEATH <b>16:45 Military Approximate</b>		31. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. PART I. CAUSE OF DEATH (See instructions and example) IMMEDIATE CAUSE (if low death or another leading it on) → <b>Pulmonary Embolism</b> DUE TO (or as a consequence of): a. <b>7 Days</b> b. c. d. PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I					Appropriate Metric (Include Min, Day, Yes, etc.) <b>7 Days</b>
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined					35. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown
36. IF FEMALE <input type="checkbox"/> Not pregnant with in past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Unknown if pregnant within past year					34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. DATE OF INJURY (Month, Day, Year) <b>05</b>	38. TIME OF INJURY	39. INJURED AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40. PLACE OF INJURY (e.g., Decedent's Home, Construction Site, Restaurant, Wooded Area)		42. IF TRAFFIC ACCIDENT SPECIFY <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other
43. DESCRIBE HOW INJURY OCCURRED					41. LOCATION (Street and Number or Rural Route, City, Town, State, Zip Code)
44. TO BE COMPLETED BY CERTIFIER: (A certifier can be a MD, PA, APRN, or coroner) <input checked="" type="checkbox"/> Certifying Physician: In the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Attending & Certifying Physician: In the best of my knowledge death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner: On the basis of my examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. SIGNATURE <b>Richard N. Taylor Jr.</b>					45. DATE CERTIFIED (Month, Day, Year) <b>June 30, 2010</b>
46. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR CORONER) <b>Richard N. Taylor Jr.</b>					47. TITLE <b>M.D.</b>
48. NAME AND ADDRESS OF REGISTRAR (PHYSICIAN OR CORONER) <b>310 WENDELL AVE, Lewistown, MT 59457</b>					49. LOCAL REGISTRAR'S NAME <b>Carl L. Craig</b>
					50. DATE FILED (M/D/Y) <b>July 09, 2010</b>

**ATTACHMENT 9**  
**SPOJA/CMC COMPLAINT**

AUTHORIZATION AND DIRECTION

AND

TERMINATION OF AUTHORIZATION TO CLOYD FUNERAL HOME & CREMATION SERVICES

IN ACCORDANCE WITH INSTRUCTIONS OF ELLEN M. WATKINS conveyed through my power of attorney, David Ward, the following is to be done:

- 1. Daniel Duane Watkins executed and made adequate provisions for payment for his cremation at Central Montana Crematorium, Inc. and his ashes were to be held by them until called for by the undersigned;
- 2. All cremation work is to be done by Central Montana Crematorium, Inc. and the undersigned cancels any agreements executed with Cloyd Funeral Home because a) such was not needed, and b) Richard Brown knew that the aforesaid provisions had been made and Ellen M. Watkins did not expect to enter any further agreements or pay any additional expenses due to the actions taken by Cloyd's since the decedent had already made his own arrangements and executed a proper Authorization for Cremation and Disposition so that no further action need be taken by the undersigned;
- 3. Any further contact with the family of Daniel Duane Watkins shall be made through our attorney, William A. Spoja, Jr.

Dated this 20<sup>th</sup> day of January, 2012

*Ellen M. Watkins*

Ellen M. Watkins

*David W. Ward*

David W. Ward pro se and as  
Attorney in fact.

January 20, 2012

Original of the above received this date/

*See below*

Cloyd Funeral Home and Cremation Svcs.

*No on hand and no one answered 568-8711  
so I put this under the office door.  
M. Spoja*

**ATTACHMENT 10**  
**SPOJA/CMC COMPLAINT**

## Joyce Marie (Harvey) Sheppard

Joyce Marie (Harvey) Sheppard, 86, of Lewistown died Aug. 29, 2012, at home after a battle with cancer.

She was born in Room 7 in the Judith Gap Hotel on May 26, 1926, to Maude and Jim Harvey. Joyce was born with a smile on her face, which mostly remained for the rest of her life. Joyce passed away at home surrounded by the family who loved her.

Cremation has taken place under the direction of Central Montana Crematorium. A celebration of her life will take place on Monday, Sept. 3 at 11:30 a.m. at Celebration Community Fellowship, located on Highway 87 West of Lewistown. A lunch will be served after the celebration.



Joyce graduated from Buffalo High School in Buffalo, Mont. where she made life-long friends. In 1945, Joyce graduated from telegraph school in Great Falls and began working as a telegraph operator on Aug. 1, 1945, just in time to handle train orders for the freight trains and many troop trains bringing the servicemen and women back to their homes at the end of World War II. She enjoyed the work, especially all of the attention

the thousands of servicemen showered on her as they passed through the many train stations she worked at. These were times before air conditioning, and the passenger car windows were mostly open. This allowed for waving, shouting and from some blowing kisses her way.

Joyce worked the "extra board" for some years before acquiring a regular job at one station. She made well over 100 moves from station to station, working some days and afternoons, but mostly nights. For several years, she worked seven days a week without overtime being paid.

She especially enjoyed working nights and the early summer mornings when many times she was the only person awake in some of the towns.

Joyce married Vance Sheppard at Great Falls on April 1, 1948. To this union, Barbara Ann Sheppard (Tarleton) was born on Sept. 18, 1951, and James Edgar Sheppard was born June 11, 1957. Barbara had two children, Aaron and Sara. Barbara, Aaron and Sara reside in Denver. Jim had two daughters, Jami Lee Sheppard of Stanford and Nikki Marie Sheppard of Missoula.

Joyce and Vance both worked 40 years for the Great Northern Railroad, and then Burlington Northern, before retiring in 1983.



Joyce took a great interest in crafts of many types, such as macramé, needlepoint, quilting, doll making and ceramics. Anything she became interested in she gave her full attention, and often there were not enough hours in the day for her accomplishments. She was a meticulous worker.

Joyce was a wonderful pie maker, who was very proud of her crusts. She entered the Chokecherry Festival contest for a number of years and won 10 first places, entering her pies. She also won several "Best of Shows."

Throughout her life, she collected a variety of glassware with her favorite items being cake stands. Despite her

love of cake stands, she donated several to be auctioned off for charitable causes. She also had a nice collection of Royal Albert Silver Bird pattern china from England.

Joyce belonged to the VFW Auxiliary for 60 years, joining in Harlem and continuing in Lewistown. She was always interested in the various branches of the military and took a special interest in the Veterans' Memorial. She was instrumental in having Joe Halco sculpt the army nurse at the Memorial. She was the instigator of the large bronze plaque, which lists all of the military service people from this area who served in the various military branches in all the wars the United States was involved in.

Beginning in the year 2000, Joyce began the difficult task of writing a book on the Buffalo School years from 1910-1965. She purchased a computer and began to write with the assistance of several former schoolmates. After many hours of research, she completed a spiral bound 375-page work of art in July of 2001, which was just in time for a Buffalo all-school reunion in August 2001.

Much could be written about the great sense of humor Joyce possessed. She was well known, among all who were privileged to have known her, for her ability to make people laugh.

Joyce was a very thoughtful and giving person. She truly was one who would rather give than receive.

She was extremely generous to her two children and four grandkids, helping her three granddaughters through college.

She was preceded in death by her parents and three brothers, Aaron, Richard and Kenneth.

She is survived by her husband, Vance; daughter, Barbara; and son, Jim, and four grandchildren, Sara, Aaron, Jami and Nikki; two sisters, Kathryn and Patricia; and several nieces and nephews. She is also survived by brother-in-law Larry Sheppard and sister-in-law Mickey James.



**BILLINGS GAZETTE**

## **Former mortician waives extradition to California**

1 HOUR AGO • GWEN FLORIO MISSOULIAN

MISSOULA — A Frenchtown man should soon be on his way back to California, where his criminal history includes accusations of mutilating corpses and mishandling cremations at his family's funeral home.

David Wayne Sconce, 56, appeared Wednesday in Missoula County Justice Court and agreed to waive extradition to California, where he's sought for persistent violations of his lifetime parole.

Sconce was involved in the Lamb Funeral Home case in Pasadena, Calif., in the late 1980s, according to the Los Angeles County District Attorney's Office.

Sconce served 2 1/2 years in a California prison after pleading guilty to 21 charges in connection with that case, according to the Los Angeles Times. The conditions in that case included the lifetime parole, according to the Los Angeles County District Attorney's Office.

In Missoula County, Sconce was sentenced last year to five years' probation on a federal charge of being a felon in possession of a firearm.