STATE OF ALASKA
CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH - BUREAU OF VITAL STATISTICS
P.O. Box 110675, Juneau, AK 99811-0675

CERTIFICATE OF DEATH

DATE FILED 02/08/2024 — STATE FILE NO. 2024000306

To be Completed/Verified By: FUNERAL DIRECTOR

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last): ROBIN BYRON BARRINGTON
2. SEX: Male
3. SOCIAL SECURITY NUMBER: 392-48-3079
4a. AGE-Last Birthday (Years): 70
4b. UNDER 1 YEAR: Months / Days
4c. UNDER 1 DAY: Hours / Minutes
5. DATE OF BIRTH (MM/DD/YY): 02/06/1953
6. BIRTHPLACE (City and State or Foreign Country): Eau Claire, WISCONSIN
7a. RESIDENCE-STATE: Alaska
7b. COUNTY: Matanuska Susitna
7c. CITY OR TOWN: Houston
7d. STREET AND NUMBER: 12573 W Looking Glass Drive
7e. APT. No.:
7f. ZIP CODE: 99623
7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
8. EVER IN US ARMED FORCES? ☐ Yes ☒ No ☐ Unknown
9. MARITAL STATUS AT TIME OF DEATH: ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): ERIN LUCILLE MURRAY
11. FATHER'S NAME (First, Middle, Last): ROBERT WILLIAM BARRINGTON
12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle Last): FLORENCE MAY NIELSON
13a. INFORMANT'S NAME: ERIN BARRINGTON
13b. RELATIONSHIP TO DECEDENT: Spouse
13c. MAILING ADDRESS (Street and Number, City, State, Zip Code): PO Box 940255 Houston, Alaska 99694

14. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.
- ☐ 8th grade or less
- ☐ 9th - 12th grade, no diploma
- ☐ High school graduate or GED
- ☒ Some college credit, but no degree
- ☐ Associate 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)

15. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino(a). Check the 'No' box if the Decedent is not Spanish / Hispanic / Latino(a).
- ☒ No, not Spanish/Hispanic/Latino(a)
- ☐ Yes, Mexican, Mexican American, Chicano(a)
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, other Spanish/Hispanic/Latino(a)

Specify:

16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) — Tribal Affiliation
- ☒ White
- ☐ Black or African American
- ☐ American Indian or Alaskan Native (Name of the enrolled or principal tribe)
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other Asian (Specify)
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro(a)
- ☐ Samoan
- ☐ Other Pacific Islander (Specify)
- ☐ Other (Specify)

17. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Operator
18. KIND OF BUSINESS OR INDUSTRY: Engineering

19. PLACE OF DEATH (Check only one.)
IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room/Outpatient ☐ Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Nursing home/long term care facility ☒ Decedent's home ☐ Other (Specify): ☐ Hospice Facility

20. FACILITY NAME (If not Institution, give street & number): 12573 West Looking Glass Drive
21. CITY OR TOWN, STATE AND ZIP CODE: Houston, Alaska 99623
22. COUNTY OF DEATH: Matanuska Susitna
23. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Valley Funeral Home & Crematory
25. LOCATION - CITY TOWN AND STATE: Wasilla, AK
26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Valley Funeral Home & Crematory 151 E Herning Avenue Wasilla, Alaska 99654
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (ELECTRONICALLY SIGNED): TODD GRANT
28. LICENSE NUMBER (Of Licensee): 438

To Be Completed By: MEDICAL CERTIFIER

ITEMS 29-33 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH
29. DATE PRONOUNCED DEAD (MM/DD/YY): 01/05/2024
30. TIME PRONOUNCED DEAD: 16:45
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)
32. LICENSE NUMBER
33. DATE SIGNED (MM/DD/YY)
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY): 01/05/2024
35. ACTUAL OR PRESUMED TIME OF DEATH: 16:45
36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☐ No

CAUSE OF DEATH (See instructions and examples)

37. 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.

		Approximate Interval: Onset to death
IMMEDIATE CAUSE (Final disease or condition ----> resulting in death)	a. ACUTE COMBINED TOXIC EFFECTS OF FENTANYL, METHAMPHETAMINE, MITRAGYNINE, GABAPENTIN, AND BUPROPION — Due to (or as a consequence of):	Unknown
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.	

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. HYPERTENSIVE CARDIOVASCULAR DISEASE

38. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No
40. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☐ No ☒ Unknown
41. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within past year
42. MANNER OF DEATH: ☐ Natural ☐ Homicide ☒ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined
43. DATE OF INJURY (MM/DD/YY): Unknown
44. TIME OF INJURY: Unknown
45. PLACE OF INJURY (e.g., Decedent's home; construction site; restaurant; wooded area): Home
46. INJURY AT WORK? ☐ Yes ☒ No
47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zipcode): 12573 West Looking Glass Drive Houston, Alaska 99623
48. DESCRIBE HOW INJURY OCCURRED: CONSUMED ILLICIT AND PRESCRIPTION DRUG BY INHALATION, INTRAVENOUS INJECTION AND BY ORAL ROUTE
49. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Unknown ☐ Other (Specify)

50a. CERTIFIER (Check only one):
- ☐ Certifying physician - to the best of my knowledge, death occurred 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.

50b. NAME OF CERTIFIER (ELECTRONICALLY SIGNED): CRISTIN M. ROLF
ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37): 5455 Dr. Martin Luther King Jr. Avenue Anchorage AK 99507
52. LICENSE NUMBER: 8262
ORIGINAL - STATE COPY
53. DATE CERTIFIED (MM/DD/YY): 02/06/2024

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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, JUNEAU, ALASKA.

DATE ISSUED FEBRUARY 27, 2024

Abigail Newby-Kew
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

THE SEAL OF THE STATE OF ALASKA

SEAL OF THE STATE REGISTRAR OF VITAL STATISTICS OF ALASKA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE