Vol. M 76 Page 6294

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
CERTIFICATE OF DEATH

131129

D.102-CER (DC) 91116

1. NAME OF DECEASED — A. FIRST: HERBERT — B. MIDDLE: H — C. LAST: GETSCHMAN
2. SEX: MALE
3. RACE OR COLOR: CAUC.
4. DATE OF DEATH: JANUARY 14 1976
5. PLACE OF DEATH — A. COUNTY: MARICOPA — B. TOWN OR CITY: MESA
C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): D.O.A. MESA LUTHERAN HOSPITAL
D. IN CITY LIMITS? [X] YES [ ] NO
6. DATE OF BIRTH: APRIL 9 1909
7A. AGE (YEARS LAST BIRTHDAY): 66
7B. IF UNDER 1 YEAR, MOS. DAYS
7C. IF UNDER 1 DAY, HRS., MIN.
8. MARITAL STATUS: [X] MARRIED [ ] WIDOWED [ ] NEVER MAR. [ ] DIVORCED
9. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): JOAN LEE POTTS
10. PLACE OF BIRTH (STATE OR COUNTRY): GERMANY
11. CITIZEN OF WHAT COUNTRY? U S A
12. SOCIAL SECURITY NO.: 560-20-2353 A
13A. USUAL OCCUPATION: REFRIGERATION ENGINEER
13B. WAS DECEASED A VETERAN? YES OR NO: NO
13C. GIVE SERVICE DATES
14. USUAL RESIDENCE — A. STATE: ARIZONA — B. COUNTY: MARICOPA — C. TOWN OR CITY: MESA ARIZONA — D. ZIP CODE: 85205
14A. STREET ADDRESS OR R.F.D.: 5001 EAST APACHE TRAIL BOX 203
14B. IN CITY LIMITS? [ ] YES [ ] NO
15A. HOW LONG LIVED IN ARIZONA? AT PRESENT ADDRESS: 3 MO
15B. IN STATE: 3 MO
16. PREVIOUS STATE OF RESIDENCE: CALIFORNIA
17. FATHER'S NAME — A. FIRST: HUGO — B. MIDDLE: — C. LAST: GETSCHMAN
18. MOTHER'S MAIDEN NAME — A. FIRST: ANNA — B. MIDDLE: — C. LAST: JAHNS
19A. INFORMANT'S SIGNATURE: Joan S. Getschman
19B. RELATIONSHIP TO DECEASED: WIFE
19C. ADDRESS — STREET NO.: 5001 EAST APACHE TRAIL BOX 203 — CITY AND STATE: MESA ARIZ. — ZIP CODE:

20. CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)
A. IMMEDIATE CAUSE: Acute coronary insufficiency — ESTIMATED TIME BETWEEN ONSET & DEATH:
B. DUE TO OR AS A CONSEQUENCE OF:
C. DUE TO OR AS A CONSEQUENCE OF:

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS
22A. AUTOPSY? [ ] YES [X] NO — IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

PHYSICIAN OR MEDICAL EXAMINER
I (EXAMINED) THE DECEASED (SAW) (ON): MO. 1 DAY 14 YEAR 76 TO MO. DAY YEAR
23A. AND LAST SAW HIM/HER ALIVE ON: MO. DAY YEAR HOUR
I (DID) (DID NOT) VIEW BODY AFTER DEATH.
DEATH OCCURRED AT 3:50 A.M.
ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED.
SIGNATURE: H. H. Karnitschnig
23B. (TYPE NAME HERE): HEINZ H. KARNITSCHNIG, M.D
TITLE: MARICOPA COUNTY MEDICAL EXAMINER
MAIL ADDRESS: Phoenix
DATE SIGNED: 1-14-76

23C. MANNER OF DEATH: [ ] ACCIDENT [X] NATURAL CAUSES [ ] SUICIDE [ ] UNDETERMINED [ ] HOMICIDE
27A. DATE OF INJURY: MO. DAY YR.: NA. HOUR: M.
AT WORK WHEN INJURED? YES, NO
HOW DID INJURY OCCUR?
27B. PLACE OF INJURY (HOME, STORE, FACTORY, STREET, ETC.)
27C. SPECIFY:
WHERE LOCATED? STREET ADDRESS CITY AND STATE
PRECINCT OR DISTRICT

CORONER
FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION DEATH OCCURRED IN THE MANNER AND UNDER THE CIRCUMSTANCES STATED.
DECEASED WAS PRONOUNCED DEAD ON: MO. DAY YEAR HOUR M.
I (DID) (DID NOT) VIEW BODY AFTER DEATH.
SIGNATURE
32. (TYPE NAME HERE)
MAIL ADDRESS
DATE SIGNED

SUPPLEMENTARY ENTRIES
DISP. OF BODY - BURIAL, CREMATION OR REMOVAL: CREMATION
DATE OF DISPOSITION: 1/19/76
CEMETERY OR CREMATORY: GREENWOOD CREMATORY, PHOENIX AZ.
EMBALMER'S SIGNATURE: C A Rodgers
CERT. NO.: 3555R
FUNERAL HOME NAME: GIBBONS-BUNKER DESERT VIEW CHAPEL
FUNERAL HOME STREET ADDRESS CITY AND STATE: 9702 E. APACHE TR. MESA AZ
FUNERAL DIRECTOR'S SIGNATURE: C A Rodgers
LIC. NO.: 212A
DATE REGISTERED: 1/19/76
REG. FILE NO.: 10
REGISTRAR'S SIGNATURE: Evelyn M. Pearson Deputy
REG. DISTRICT: 0714
DATE ISSUED:

VS-2 REV. 7/74

CERTIFIED COPY OF VITAL RECORD

DKT 116328 641

State of Arizona)
County of Maricopa) ss

Date Issued Feb.19,1976

This copy is a true and exact reproduction of the document officially registered and to be incorporated in the official records of certificates in the Bureau of Vital Statistics, Arizona State Department of Health, Phoenix, Arizona.

Issued under the authority of ARS 36-341 and by direction of:

Dean L. Benson
Dean L. Benson
Chief Deputy County Registrar
Maricopa County Department of Health Services

Ret: Joan L. Getschmann #203
5001 - East Apache Trail
Mesa, Arizona 85205

THIS COPY IS NOT VALID UNLESS PREPARED ON SAFETY PAPER DISPLAYING MARICOPA COUNTY SEAL IN COLOR AND IMPRESSED WITH RAISED SEAL OF ISSUING AGENCY

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 28th day of APRIL A.D., 19 76 at 4;11 o'clock P M., and duly recorded in Vol M 76, of DEEDS on Page 6294.

FEE $ 3.00

WM. D. MILNE, County Clerk
By Hazel Draper Deputy