'76 JUL 15 AM 7 50 Vol. M-76 Page 10627

STATE OF ARIZONA — DEPARTMENT OF HEALTH SERVICES — DIVISION OF HEALTH RECORDS AND STATISTICS

16285 — 0102- 70-005[illegible]

CERTIFICATE OF DEATH

1. NAME OF DECEASED	A. FIRST: Claire	B. MIDDLE: L.	C. LAST: Meads	2. SEX: Female	3. RACE OR COLOR: White	4. DATE OF DEATH: March 28, 1970	
5. PLACE OF DEATH	A. COUNTY: Pima	B. TOWN OR CITY: Tucson	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): St. Mary's Hospital	D. IN CITY LIMITS? ☒ YES ☐ NO			
6. DATE OF BIRTH	MONTH, DAY, YEAR: Sept. 23, 1897	7A. AGE (LAST BIRTHDAY): 72	IF UNDER 1 YEAR: MOS. / DAYS	IF UNDER 1 DAY: HRS. / MIN.	8. MARITAL STATUS: ☐ MARRIED ☐ WIDOWED ☐ NEVER MAR. ☐ DIVORCED	9. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Frank R. Meads	
10. PLACE OF BIRTH (STATE OR COUNTRY)	Michigan	11. CITIZEN OF WHAT COUNTRY: USA	12. SOCIAL SECURITY NO.: 544-16-5661 T	13A. USUAL OCCUPATION: Home	13B. WAS DECEASED A VETERAN? YES OR NO: No	13C. GIVE SERVICE DATES	
14. USUAL RESIDENCE	A. STATE: Arizona	B. COUNTY: Pima	C. TOWN OR CITY: Tucson	D. ZIP CODE: 85705			
14E. STREET ADDRESS OR R.F.D.	1925 W. Grant Rd.	14F. IN CITY LIMITS? ☒ YES ☐ NO	15A. HOW LONG LIVED IN ARIZONA? AT PRESENT ADDRESS: 18 yrs.	15B. IN STATE: 18 yrs.	16. PREVIOUS STATE OF RESIDENCE: Oregon		
17. FATHER'S NAME	A. FIRST: Henri	B. MIDDLE:	C. LAST: Drouillard	18. MOTHER'S MAIDEN NAME	A. FIRST: Emma	B. MIDDLE: Allard	C. LAST:
19A. INFORMANT'S SIGNATURE	Sarah Johnson	19B. RELATIONSHIP TO DECEASED: Daughter	ADDRESS, STREET NO., CITY AND STATE, ZIP CODE: 1925 W. Grant Rd., Tucson, Arizona 85705				

20. MEDICAL STATEMENT OF CAUSE OF DEATH — FILL OUT CAREFULLY

ENTER IMMEDIATE CAUSE ON LINE A. OTHER PRECIPITATING CAUSES SHOULD BE GIVEN ON LINES B AND C RESPECTIVELY. LIST UNDERLYING CAUSE LAST.

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE ON EACH LINE)

A. IMMEDIATE CAUSE: Cerebral artery thrombosis

DUE TO OR AS A B. CONSEQUENCE OF: Cerebral artery arteriosclerosis

DUE TO OR AS A C. CONSEQUENCE OF:

ESTIMATED TIME BETWEEN ONSET AND DEATH: 3 days

IF DECEASED WAS ADULT FEMALE, WAS SHE PREGNANT AT DEATH OR ANY TIME IN PAST YEAR? YES, NO, UNKNOWN.

21. SPECIFY:

OTHER CONDITIONS OF SIGNIFICANT MEDICAL IMPORTANCE CONTRIBUTING TO DEATH BUT NOT DIRECTLY RELATED TO IMMEDIATE CAUSE

PART II. OTHER SIGNIFICANT CONDITIONS: Myxedema - Treated

AUTOPSY? 22A. ☐ YES ☒ NO

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? YES OR NO 22B. SPECIFY:

MANNER OF DEATH: ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSES ☐ UNDETERMINED	24A. DATE OF INJURY: MO. DAY YR. HOUR	24B.	AT WORK, WHEN INJURED? YES, NO, UNK. 25.	HOW DID INJURY OCCUR? 26.	(CIRCUMSTANCES ONLY — NOT CAUSE)		
23.	27. PLACE OF INJURY: (HOME, STORE, FACTORY, STREET, ETC.) SPECIFY:		WHERE LOCATED? STREET ADDRESS 28.	CITY AND STATE			

PHYSICIAN OR MEDICAL EXAMINER

29A. I (ATTENDED) (LAST SAW) THE DECEASED (FROM) (DATE): MO. 3 DAY 24 YEAR 65 TO MO. 3 DAY 28 YEAR 70

29B. AND (SAW) (DID NOT SEE) HER ALIVE LAST TIME ON: MO. 3 DAY 28 YEAR 70 HOUR 9:55 A.M.

(DID) (DID NOT) VIEW BODY AFTER DEATH.

29C. DEATH OCCURRED AT 9:50 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. TITLE: M.D.

SIGNATURE: R. L. Dexter, M. D.

29D. (TYPE NAME HERE)

MAIL ADDRESS: 116 N. Tucson Blvd., Tucson, Arizona — DATE SIGNED: 31. 3-30-70

CORONER

FROM EXAMINATION OF THE BODY AND/OR MY INVESTIGATION, IN MY OPINION 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.

32A. SIGNATURE — PRECINCT OR DISTRICT 33.

32B. (TYPE NAME HERE)

MAIL ADDRESS 34. — DATE SIGNED 35.

SUPPLEMENTARY ENTRIES

36. DISP. OF BODY — BURIAL, CREMATION OR REMOVAL: Burial	37. DATE OF DISPOSITION: 3-31-70	38. CEMETERY OR CREMATORY: I.M.P. South Lawn — STREET ADDRESS — CITY AND STATE: Tucson, Arizona	39A. EMBALMER'S SIGNATURE	CERT. NO. 3rd: 30			
40. FUNERAL HOME — NAME: Arizona Mortuary, Inc. — STREET ADDRESS — CITY AND STATE: 7 University Blvd. Tucson			39B. FUNERAL DIRECTOR'S SIGNATURE: Leland Babin	CERT. NO.: 194			
42. DATE REGISTERED: April 1, 1970	43. REG. FILE NO.: 891	44. REGISTRAR'S SIGNATURE: Lorraine Sumpter, Deputy	45. REG. DISTRICT: 1013	47. DATE RCVD. IN STATE OFFICE: MAY 5 1970			

VS-2 REV. 12-68 25M 12-68

Rev. C. W. Seeley
431 Main
Reno

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss.

Date Issued: Feb. 26, 1976

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ.

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

SUZANNE DANDOY, M.D., M.P.H., Director
Department of Health Services
State Registrar

Alfonso Bravo
ALFONSO BRAVO,
Assistant State Registrar

This copy not valid unless prepared on safety paper displaying state 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 14th day of JULY A.D., 19 76 at 11;58 o'clock A M., and duly recorded in Vol M 76, of DEEDS on Page 10649.

FEE $ 3.00

WM. D. MILNE, County Clerk

By Hazel Draper Deputy