

49232

Vol. 78 Page 11533

Rev 1-78)

ORIGINAL
STATE COPY

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

DEATH NO
D 102-

1 NAME OF DECEASED
A FIRST
HAROLD
B MIDDLE
A.
C LAST
PRATHER

2 SEX
MALE

3 DATE OF DEATH
March 6 1978

4A RACE (e.g. white, black, American Indian, etc.)
WHITE

4B WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY
NO

5 IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.

6 PLACE OF DEATH
A COUNTY
MOHAVE
B TOWN OR CITY
KINGMAN

7 DATE OF BIRTH
MONTH DAY YEAR
NOV. 12 1911

8 AGE (YEARS)
LAST BIRTHDAY
66 yrs

9 MOS DAYS HRS MIN
IF UNDER 1 YEAR
IF UNDER 1 DAY

10 C HOSPITAL OR INSTITUTION
MOHAVE GEN'L HOSP.

11 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
MARRIED

12 SURVIVING SPOUSE
IF WIFE GIVE MARRIAGE NAME

13 SOCIAL SECURITY NO
U.S.A. 543-10-1210

14A USUAL OCCUPATION (Give kind of work done most of working life, even if retired)
Dry Clean Oper.

14B KIND OF BUSINESS OR INDUSTRY

15 STREET ADDRESS OR RFD
2300 Lower River Rd.

16 INSIDE CITY LIMITS? (Specify Yes or No)
YES

17 ON RESERVATION (Specify Yes or No)
NO

18 HOW LONG IN ARIZONA?
YEARS MONTHS DAYS
Trans.

19 PREVIOUS STATE OF RESIDENCE

20 INFORMANT'S SIGNATURE
Eva M. Prather

21 RELATIONSHIP TO DECEASED
WIFE

22 ADDRESS
2300 Lower River Rd. Grants Pass, Ore.

23 BURIAL, CREMATION, REMOVAL, OTHER (Specify)
REMOVAL

24 DATE
3/7/78

25 CEMETERY OR CREMATORY NAME
Grants Pass Cemetery

26 EMBALMER'S SIGNATURE
Robert M. Hartnett

27 FUNERAL DIRECTOR OF DISPOSITION SIGNATURE
May C. Helt

28 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print)
Eugene S. Rounsaville, M.D., Mohave Gen. Hosp. Kingman, Arizona

29 DATE REGISTERED
3-12-78

30 REG. FILE NO
43

31 REGISTRAR'S SIGNATURE
Marie A. Helt

32 DATE SIGNED (Mo., Day, Year)
3-7-78

33 HOUR OF DEATH
3:40P

34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

35 DATE SIGNED (Mo., Day, Year)
3-6-78

36 HOUR OF DEATH
4:30P

37 PRONOUNCED DEAD (Mo., Day, Year)
3-6-78

38 PRONOUNCED DEAD (Mo., Day, Year)
3-6-78

39 AT
4:30P

40 PART I. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female - was she pregnant within past 90 days?)
A IMMEDIATE CAUSE
B DUE TO OR AS A CONSEQUENCE OF
C DUE TO OR AS A CONSEQUENCE OF

41 MANNER OF DEATH
ACCIDENT
PENDING INVESTIGATION
SUICIDE
HOMICIDE
UNDETERMINED

42 DATE OF INJURY
MO DAY YR
51

43 INJURY AT WORK? (Specify yes or no)
NO

44 DESCRIBE HOW INJURY OCCURRED

45 PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY

46 WHERE LOCATED?
STREET ADDRESS
CITY OR TOWN
STATE

47 SUPPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

Date Issued MAR 22, 1978

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 A.R.S. 36-341. and by direction of:

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

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency.

Return To: TIA-Sa. 244. 000-
STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 31st day of May A.D., 1978 at 10:52 o'clock A.M., and duly recorded in Vol. 478 of Deeds on Page 11533.

FEE \$3.00

WM. D. MILNE, County Clerk
By Bernice M. Ketch Deputy