ORIGINAL STATE COPY

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

71241

DEATH NO. D 102- 17671

Vol. 479 Page

| | | | | | |
|---|---|---|---|---|---|
| 1. NAME OF DECEASED — A. FIRST: Arlene | B. MIDDLE: M. | C. LAST: Fleming | 2. SEX: Female | 3. RACE OR COLOR: Cauc | 4. DATE OF DEATH (MONTH DAY YEAR): Feb. 25, 1977 |
| 5. PLACE OF DEATH — A. COUNTY: Pinal | B. TOWN OR CITY: Coolidge | C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): 1211 N. Ariz. Blvd | D. ☐ DOA ☐ OP EMER. ☐ IN PATIENT | | |
| 6. DATE OF BIRTH (MONTH DAY YEAR): Jan. 16, 1911 | 7A. AGE (YEARS LAST BIRTHDAY): 66 | B. IF UNDER 1 YEAR MOS. DAYS | C. IF UNDER 1 DAY HRS. - MIN. | 8. MARITAL STATUS: ☒ MARRIED ☐ NEVER MAR. ☐ WIDOWED ☐ DIVORCED | 9. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Aubrey Fleming |
| 10. PLACE OF BIRTH (STATE OR COUNTRY): Oregon | 11. CITIZEN OF WHAT COUNTRY? SPECIFY: USA | 12. SOCIAL SECURITY NO.: 544-24-0593 | 13A. USUAL OCCUPATION: Housewife | 13B. WAS DECEASED EVER IN ARMED SERVICES? ☐ YES ☒ NO | |
| 14. USUAL RESIDENCE — A. STATE: Oregon | B. COUNTY: Klamath | C. TOWN OR CITY: Klamath Falls | D. ZIP CODE: 97601 | | |
| 14E. STREET ADDRESS OR R.F.D.: Rt. 2, #580 | 14F. ON RESERVATION ☐ YES ☒ NO | 15A. HOW LONG IN ARIZONA? YEARS: | MONTHS: | DAYS: 7 | 16. PREVIOUS STATE OF RESIDENCE: |
| 17. FATHER'S NAME — A. FIRST: John | B. MIDDLE: W. | C. LAST: Taylor | 18. MOTHER'S MAIDEN NAME — A. FIRST: Jennie | B. MIDDLE: Crawford | C. LAST: |
| 19A. INFORMANT'S SIGNATURE: Aubrey Fleming | 19B. RELATIONSHIP TO DECEASED: Husband | 19C. ADDRESS — STREET NO.: Rt. 2, # 580 | CITY AND STATE: Klamath Falls, Ore. | ZIP CODE: 97601 | |
| 20A. DISP. OF BODY - BURIAL CREMATION OR REMOVAL: Removal | DATE: 2-26-77 | 21. CEMETARY OR CREMATORY: Wards-Klamath F/H Klamath Falls, Ore. | EMBALMER'S SIGNATURE: W. L. S. L. | CERT. NO.: 416A | |
| 23. FUNERAL HOME NAME: Cole & Maud Mortuaries, Inc. | STREET ADDRESS: 410 W. Roosevelt | CITY AND STATE: CoolidgeAZ. | FUNERAL DIRECTOR'S SIGNATURE: W. L. S. L. | 22B | CERT. NO.: 213A |

**PHYSICIAN**

I (ATTENDED) (EXAMINED) THE DECEASED (FROM) (ON): MO. DAY YEAR TO MO. DAY YEAR

28A.

AND LAST SAW HIM/HER ALIVE ON: MO. DAY YEAR HOUR

28B.

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

DEATH OCCURRED AT: ON THE DATE AND AT THE PLACE LISTED ABOVE AND TO THE BEST OF MY KNOWLEDGE AND PROFESSIONAL JUDGMENT DUE TO THE CAUSES STATED

M.

SIGNATURE (TYPE NAME HERE) TITLE

MAIL ADDRESS 27. DATE SIGNED 28.

**MEDICAL EXAMINER**

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: 2-25-77 HOUR: 5:00 A.M.

29A.

SIGNATURE: G.H. Walker

29B. (TYPE NAME HERE) G.H. Walker, M.D. DEGREE/TITLE 30. MD

MAIL ADDRESS 31. Coolidge, Arizona DATE SIGNED 32. 2/25/77

DATE REGISTERED 33. FEB 25 1977 REG. FILE NO. 34. 55 REGISTRAR'S SIGNATURE 35. Alfonso Bravo REG. DISTRICT 36. ASS'T. STATE REGISTRAR DATE RCVD. IN STATE OFFICE 37. FEB 25 1977

39. 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: Congestive Failure

B. DUE TO OR AS A CONSEQUENCE OF: Hypokalemia - severe

C. DUE TO OR AS A CONSEQUENCE OF: diuretic therapy

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: few hrs.

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS

AUTOPSY? 39A. ☐ YES ☒ NO

IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 39B.

MANNER OF DEATH 40. ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED

41A. DATE OF INJURY MO. DAY YR. 41B. HOUR M.

42. AT WORK WHEN INJURED? YES, NO

43. HOW DID INJURY OCCUR? (CIRCUMSTANCES ONLY — NOT CAUSE)

41C. PLACE OF INJURY (HOME, STORE, FACTORY, STREET, ETC.) SPECIFY:

44. WHERE LOCATED? STREET ADDRESS CITY AND STATE

45. SUPPLEMENTARY ENTRIES

Ref. Aubrey Fleming
11003 Hwy 38
Cody

# CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA )
) ss
COUNTY OF MARICOPA )

Date Issued MAR 14, 1977

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 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*

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 25th day of July A.D., 19 70 at 11:12 o'clock A M., and duly recorded in Vol 479, of Deeds on Page 17671.

FEE $3.00

WM. D. MILNE, County Clerk
By Dorothy Hulsey Deputy