Vol M 19 Page 27927

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
DEATH NO D 102-

CERTIFICATE OF DEATH

IAL COPY

DECEASED 1 — A FIRST: CLARENCE — B MIDDLE: F. — C LAST: WESTLUND — SEX 2: Male — DATE OF DEATH (MONTH DAY YEAR) 3: Nov. 19, 1979

RACE (e.g., white, black, American Indian, etc.) SPECIFY 4A: White — WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY B: No — IF YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC C: Does Not Apply — WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES OR NO 5: NO

PLACE OF DEATH A COUNTY: Yuma — B TOWN OR CITY: Yuma — C HOSPITAL OR INSTITUTION (IF RESIDENCE GIVE STREET ADDRESS): Yuma Regional Med. Center E/R — D DOA / E OTHER / F EMERGENCY

DATE OF BIRTH (MONTH DAY YEAR) 7: JAN. 17, 1914 — AGE (YEARS LAST BIRTHDAY) 8A: 65 — IF UNDER 1 YEAR MOS DAYS B — IF UNDER 1 DAY HRS MIN C — MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9: Married — SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10: MAYVIS BELTON

STATE OF (IF NOT IN USA, NAME COUNTRY) BIRTH 11: CALIFORNIA — CITIZEN OF WHAT COUNTRY? SPECIFY 12: U.S.A. — SOCIAL SECURITY NO 13: 541-09-8065 — USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A: CARPENTER — KIND OF BUSINESS OR INDUSTRY B: BUILDING TRADE

USUAL RESIDENCE A STATE: OREGON — B COUNTY: KLAMATH COUNTY — C TOWN OR CITY: KLAMATH FALLS — 97601

STREET ADDRESS OR RFD 15E: 1710 CRESCENT AVE. — INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F: YES — ON RESERVATION (Specify yes or no) 15G: NO — HOW LONG IN ARIZONA? YEARS / MONTHS 1 / DAYS 16 — PREVIOUS STATE OF RESIDENCE 17: OREGON

FATHER'S NAME A FIRST: JOHN — B MIDDLE — C LAST: WESTLUND 18 — MOTHER'S MAIDEN NAME A FIRST: AUGUSTA — B MIDDLE — C LAST: HOLMBERG 19

INFORMANT'S SIGNATURE 20: Mrs. Mayvis Westlund — RELATIONSHIP TO DECEASED 21: WIFE — ADDRESS STREET NO CITY AND STATE ZIP CODE 22: 1710 CRESCENT AVE. KLAMATH FALLS, OREGON 97601

BURIAL CREMATION REMOVAL OTHER (Specify) 23: Removal — DATE 24: 11-20-79 — CEMETERY OR CREMATORY — NAME STREET ADDRESS CITY AND STATE 25: Wards F.H., Klamath Falls, Oregon

EMBALMER'S SIGNATURE 26: JOHN A.T. RYZEK — CERT NO 591A

FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (Signature) 29: AL DORDAL — CERT NO 186A

PLACE OF DISPOSITION NAME 27: Ryzek Yuma Mort., — STREET ADDRESS CITY AND STATE 28: 551 W. 16th St. Yuma, Arizona 85364

To be completed by CERTIFYING PHYSICIAN ONLY: TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE 31 — DATE SIGNED (Mo., Day, Year) 32 — HOUR OF DEATH 33 — NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34

To be completed by MEDICAL EXAMINER ONLY: 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. SIGNATURE AND TITLE 35: Jeanne B. Johnson M.D. — DATE SIGNED (Mo., Day, Year) 36: NOVEMBER 1979 — HOUR OF DEATH 37: 1:30A.M. — PRONOUNCED DEAD (Mo., Day, Year) 38 ON: 19 NOV. 1979 — PRONOUNCED DEAD (Hour) 39 AT: 1:30A.M.

NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER (Type or print) 40: JOHNSON, Jeanne B. M.D. 2224 S. Ave. A, Yuma, Ariz. 85364, Med. Exam., Yuma County

DATE RECEIVED 41: 11-20-79 — REG FILE NO 42: 476 — REGISTRAR'S SIGNATURE 43 — REG DISTRICT 44: 1465 — DATE OF STATE ACCEPT 45: NOV 26 1979

CONDITIONS IF ANY GIVING RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST — PART I — ENTER ONLY ONE CAUSE ON EACH LINE

A IMMEDIATE CAUSE: Cardio respiratory arrest — Immediate

B DUE TO, OR AS A CONSEQUENCE OF: Chronic obstructive pulmonary disease — Unknown

C DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS AND OR ENVIRONMENTAL FACTORS (If adult female was she pregnant within past 90 days?) — AUTOPSY (Specify yes or no) 48: yes — WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 49: yes

47 MANNER OF DEATH: ACCIDENT / PENDING INVESTIGATION / SUICIDE / HOMICIDE / UNDETERMINED 50 — DATE OF INJURY (MO DAY YR) 51 — HOUR 52 M — INJURY AT WORK? (Specify yes or no) 53 — DESCRIBE HOW INJURY occurred 54 — PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 55 — WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 56

SUPPLEMENTARY ENTRIES 57

Mavis Belton Westlund
1710 Crescent Ave
K. Falls, Or.

CERTIFIED COPY OF VITAL RECORD
NOV 2 7 1979

55667

This copy not valid unless prepared on security paper displaying state seal and seal of issuing agency.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the 3rd day of December A.D., 19 79 at 10:14 o'clock A M., and duly recorded in Vol M79, of Deeds on Page 27927.

FEE $3.50

WM. D. MILNE, County Clerk
By Dimetha A. Pelock Deputy