

NAME OF DECEASED WENDELL G. BEYER		SEX Male	DATE OF DEATH March 12, 1980
RACE (e.g., white, black, American Indian, etc.) White		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) Yes	
PLACE OF BIRTH Pima Tucson	AGE (YEARS) 79	C HOSPITAL OR INSTITUTION 4444 East Benson Highway	D <input type="checkbox"/> DOA <input type="checkbox"/> OF EVER <input type="checkbox"/> IN PATIENT
DATE OF BIRTH June 14, 1900	IF UNDER 1 YEAR 79	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE Alice Talbott
STATE OF (if not in USA, name country) Ohio	CITIZEN OF WHAT COUNTRY? U.S.A.	SOCIAL SECURITY NO. 544-42-9480	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Mail Carrier
USUAL RESIDENCE Arizona	CITY AND STATE Pima Tucson	D ZIP CODE 85706	
STREET ADDRESS OR R.F.D. 4444 East Benson Hwy.	INSIDE CITY LIMITS? (Specify Yes or No) yes	ON RESERVATION (Specify yes or no) no	HOW LONG IN ARIZONA? 5 YEARS
FATHER'S NAME Fred	MOTHER'S MAIDEN NAME Lucy	PREVIOUS STATE OF RESIDENCE Oregon	
INFORMANT'S SIGNATURE Alice J. Beyer	RELATIONSHIP TO DECEASED Wife	ADDRESS 4444 East Benson Highway Tucson, Arizona	CITY AND STATE Tucson, Arizona
BURIAL CREATION REMOVAL, OTHER (Specify) Removal	DATE 3/14/80	CEMETERY OR CREMATORY - NAME Klamath Falls, Oregon	EMBALMER'S SIGNATURE James Hirsch
NAME Mission Mortuary	STREET ADDRESS 5465 South Park Avenue	CITY AND STATE Tucson, Arizona	CERT NO. 543A
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
SIGNATURE AND TITLE Louis Hirsch		DATE SIGNED (Mo., Day, Year) 3-14-80	
DATE SIGNED (Mo., Day, Year) 3-14-80		HOUR OF DEATH 2238 hours	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) Louis Hirsch		PRONOUNCED DEAD (Mo., Day, Year) 3-12-80	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) Louis Hirsch, M.D. 1601 N. Tucson Blvd. Tucson, Arizona		DATE REC'D IN STATE OFFICE Mar. 20, 1980	
REG. FILE NO. 1024		REGISTRAR'S SIGNATURE James Hirsch	
DATE REGISTERED Mar. 20, 1980		REG. DISTRICT 1016	
A IMMEDIATE CAUSE ARTERIOSCLEROTIC HEART DISEASE.		APPROXIMATE INTERVAL BETWEEN ONSET AND 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 (If adult female was she pregnant within past 90 days?) no			
MANNER OF DEATH <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED		WAS CASE REFERRED TO MEDICAL EXAMINER? yes	
DATE OF INJURY 51		INJURY AT WORK? no	
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY 55		WHERE LOCATED? 56	
SUPPLEMENTARY ENTRIES 57			

CERTIFIED COPY OF VITAL RECORD

March 21, 1980

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, issued under the authority of A.R.S. 36-341, and by direction of:

Alice J. Beyer
7850 Donegal
City

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 31st day of March A.D., 19 90 at 11:49 o'clock A. M., and duly recorded in Vol. M-80 of Deeds on Page 5915.

FEE \$3.50

WM. D. MILNE, County Clerk

By Jaqueline J. Mettler Deputy350
cash