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STATE OF ARIZONA

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: IRA; B MIDDLE: WILLIAM; C LAST: ANTRIM	2. SEX: Male	DATE OF DEATH: MONTH October DAY 30 YEAR 1979	
4A. RACE (e.g., white, black, American Indian, etc.) SPECIFY: White	4B. WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY: No	4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
6. PLACE OF DEATH: A COUNTY: Maricopa; B TOWN OR CITY: Phoenix	C. HOSPITAL OR INSTITUTION (IF RESIDENCE GIVE STREET ADDRESS): Good Samaritan Hospital	D: ☐ DOA ☐ OP EMER ☒ IN PATIENT	
7. DATE OF BIRTH: MONTH September DAY 17 YEAR 1906	8A. AGE (YEARS LAST BIRTHDAY): 73; IF UNDER 1 YEAR: MOS DAYS; IF UNDER 1 DAY: HRS MIN; B; C	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	10. SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME): Anna Fugina
11. STATE OF (if not in USA, name country) BIRTH: Missouri	12. CITIZEN OF WHAT COUNTRY? SPECIFY: U. S. A.	13. SOCIAL SECURITY NO: 553-01-2173A	USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Processing; KIND OF BUSINESS OR INDUSTRY: Industrial Prod.
USUAL RESIDENCE: A STATE: Arizona; B COUNTY: Mohave; C TOWN OR CITY: Foreman			D ZIP CODE: 86430
STREET ADDRESS OR R.F.D.: 15E. Box 1706	INSIDE CITY LIMITS? (SPECIFY Yes or No): 15F. Yes; ON RESERVATION (Specify yes or no): 15G. No	HOW LONG IN ARIZONA? YEARS: 16. 7; MONTHS; DAYS	PREVIOUS STATE OF RESIDENCE: 17. California
FATHER'S NAME: A FIRST: 18. Clarence; B MIDDLE: E.; C LAST: Antrim	MOTHER'S MAIDEN NAME: A FIRST: 19. Nettie; B MIDDLE: Ashby; C LAST		
INFORMANT'S SIGNATURE: 20. Anna Antrim	RELATIONSHIP TO DECEASED: 21. Wife	ADDRESS, STREET NO, CITY AND STATE, ZIP CODE: 22. Box 1706 Bullhead City, Arizona 86430	
BURIAL, CREMATION, REMOVAL, OTHER (Specify): 23. Cremation	DATE: 24. 11-1-79	CEMETERY OR CREMATORY — NAME: 25. Greenwood Memorial Park Phoenix,	27. EMBALMER'S SIGNATURE: 26. Unembalmed; CERT NO: 27.
FUNERAL HOME NAME, STREET ADDRESS, CITY AND STATE: 28. A. L. Moore & Sons, Inc. 333 W. Adams Phoenix, Az.			FUNERAL DIRECTOR or person acting as such (SIGNATURE): 29. [signature]; CERT NO: 30.

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. Kenneth E. Johnson MD
DATE SIGNED (Mo., Day, Year) 32. 10/31/79
HOUR OF DEATH 33. 6:10 P. M.
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.
DATE SIGNED (Mo., Day, Year) 36.
HOUR OF DEATH 37.
PRONOUNCED DEAD (Mo., Day, Year) 38. ON
PRONOUNCED DEAD (Hour) 39. AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print)
40. Kenneth E Johnson MD 909 E Brill St, Phoenix 85006

DATE REGISTERED: 4. NOV 1 1979; REG FILE NO: 42. 9615; REGISTRAR'S SIGNATURE: 43. Phyllis Hatfield Deputy; REG DISTRICT: 44. 0703; DATE RCVD IN STATE OFFICE: 45.

PART I — CONDITIONS IF ANY WHICH GAVE RISE TO CAUSE STATED IMMEDIATELY ABOVE STATING THE UNDERLYING CAUSE LAST

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON EACH LINE)	acute renal failure	5 day
B. DUE TO, OR AS A CONSEQUENCE OF:	ruptured abdominal aneurysm	5 day
C. DUE TO, OR AS A CONSEQUENCE OF:	leg embolus	4 hrs

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female—was she pregnant within past 90 days?) 47.

AUTOPSY (Specify yes or no) 48. NO; WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 49. Yes

MANNER OF DEATH: ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ HOMICIDE ☐ UNDETERMINED 50.

DATE OF INJURY: MO DAY YR HOUR 51. 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.

LUVAAS, COBB, RICHARDS & FRASER, P. C.
ATTORNEYS AT LAW
777 HIGH STREET
EUGENE, OREGON 97401
P. O. BOX 10747
EUGENE, OREGON 97440

CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA }
COUNTY OF MARICOPA } ss

Date Issued Nov. 2 1979

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:

54704

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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 16th day of May A.D., 19 80 at 11:20 o'clock A M., and duly recorded in Vol M80, of ~~Deeds~~ on Page 9034.

FEE $3.50

WM. D. MILNE, County Clerk
By Bernetha Aldrich Deputy