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STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION

CERTIFICATE OF DEATH

ORIGINAL
STATE COPY

DEATH NO. D 102

'82 OCT 12 PM 3 48

1. NAME OF DECEASED: A. FIRST Dorothy B. MIDDLE Irene C. LAST Cass
2. SEX: Female
3. DATE OF DEATH (MONTH DAY YEAR): August 23 1982
4A. RACE (e.g., white, black, American Indian, etc.) SPECIFY: White
B. WAS DECEDENT OF SPANISH ORIGIN: (YES, NO) SPECIFY: No
C. 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 Mohave B. TOWN OR CITY Bullhead City C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) HiWay 68 &95
D. ☐ DOA ☐ OP EMER ☐ INPATIENT
7. DATE OF BIRTH (MONTH DAY YEAR): May 25 1935
8A. AGE (YEARS LAST BIRTHDAY): 47 B. IF UNDER 1 YEAR MOS DAYS: C. IF UNDER 1 DAY HRS. MIN.:
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): William E Cass II
11. STATE OF BIRTH (if not in USA, name country): Canada
12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.
13. SOCIAL SECURITY NO.: 531 32 0165
14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Cashier
B. KIND OF BUSINESS OR INDUSTRY: Gambling
15. USUAL RESIDENCE: A. STATE Arizona B. COUNTY Mohave C. TOWN OR CITY Kingman D. ZIP CODE 86401
15E. STREET ADDRESS OR RFD: 3535 Verde Rd.
15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): No
15G. ON RESERVATION (Specify yes or no): NO
16. HOW LONG IN ARIZONA? YEARS ~~3 yrs.~~ 7 MONTHS DAYS
17. PREVIOUS STATE OF RESIDENCE: ~~Phoenix, Arizona~~ New York
18. FATHER'S NAME: A. FIRST Robert B. MIDDLE Thomas C. LAST Lockhart
19. MOTHER'S MAIDEN NAME: A. FIRST Laverne B. MIDDLE Margaret C. LAST Hall
20. INFORMANT'S SIGNATURE: William E. Cass II
21. RELATIONSHIP TO DECEASED: HUSBAND
22. ADDRESS (STREET NO. CITY AND STATE ZIP CODE): 3535 Verde Rd., Kingman, Arizona, 86401
23. BURIAL, CREMATION, REMOVAL, OTHER (specify): Removal
24. DATE: 8-25-82
25. CEMETERY OR CREMATORY — NAME/LOCATION (CITY AND STATE): Rest Haven Cemetery, Phoenix Arizona
26. EMBALMER'S SIGNATURE: Hal Clonts
27. CERT. NO.: 314
28. FUNERAL HOME (NAME, STREET ADDRESS): Clonts Funeral Home, 1601 Hwy 95, Bullhead City, Az.
29. FUNERAL DIRECTOR or person acting as such (SIGNATURE): Hal Clonts
30. CERT. NO.: 161

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.

31. SIGNATURE AND TITLE:
32. DATE SIGNED (Mo., Day, Year):
33. HOUR OF DEATH:
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

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 DUE TO THE CAUSE(S) AND MANNER STATED.

35. SIGNATURE AND TITLE: E.S. Rounseville, M
36. DATE SIGNED (Mo., Day, Year): 8-24-82
37. HOUR OF DEATH: 6:45 A.M.
38. PRONOUNCED DEAD (Mo., Day, Year) ON: 8-23-82
39. PRONOUNCED DEAD (Hour) AT: 6:55 A.M.

40. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print): Dr. E.S. Rounseville, 3269 Stockton Hill Rd. Kingman, Az. 86401
41. DATE REGISTERED: 8/25/82
42. REG. FILE NO.: 52
43. REGISTRAR'S SIGNATURE: Caroline Castle
44. REG. DISTRICT: 0831
45. DATE RCVD IN STATE OFFICE: AUG 27 1982

46. PART I (ENTER ONLY ONE CAUSE ON EACH LINE) — CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST
A. IMMEDIATE CAUSE: Acute Coronary Insufficiency — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 15-20 min
B. DUE TO, OR AS A CONSEQUENCE OF: Severe Coronary Artery Atherosclerosis
C. DUE TO, OR AS A CONSEQUENCE OF: Generalized Atherosclerosis

47. PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female-was she pregnant within past 90 days?): Myocardial Infarction, old
48. AUTOPSY (Specify yes or no): yes
49. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): yes
50. MANNER OF DEATH: ☒ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED
51. DATE OF INJURY MO. DAY YR.:
52. HOUR: M
53. INJURY AT WORK? (Specify yes or no):
54. DESCRIBE HOW INJURY OCCURRED:
55. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
56. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE
57. SUPPLEMENTARY ENTRIES: #16 & 17 corr per info prvd by Hal Clonts, mortuary 9-2-82, mf

AFTER RECORDING
RETURN TO:
STROUT REAL ESTATE
5429 So 6th St.
City 97603

STATE OF ARIZONA
COUNTY OF MARICOPA } ss

DATE ISSUED SEP 3 1982

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, and by direction of DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of

ARIZONA DEPARTMENT OF HEALTH SERVICES dhs

JAMES E. SARN, M.D., M.P.H., Director
Department of Health Services
State Registrar

Alfonso Bravo
ALFONSO BRAVO
Assistant State Registrar

GREAT SEAL OF THE STATE OF ARIZONA 1912

This copy not valid unless prepared on engraved form 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 12 day of Oct A.D., 19 82 at 3:48 o'clock P M, and duly recorded in Vol M82, of Deeds on page 13624

EVELYN BIEHN COUNTY CLERK
by Joyce McClure Deputy

Fee $ 4.00