26793

STATE OF ARIZONA
Certified Copy of Vital Record

M83 Page 13236

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

ORIGINAL STATE COPY

DEATH NO. D 102-

Field	Entry
1. Name of Deceased (First, Middle, Last)	LILLA AETNA RANEY
2. Sex	FEMALE
3. Date of Death (Month, Day, Year)	MARCH 9, 1983
4A. Race	WHITE
4B. Was decedent of Spanish origin?	NO
5. Was deceased ever in U.S. Armed Forces?	NO
6. Place of Death – County	COCHISE
Town or City	SIERRA VISTA
Hospital or Institution	SIERRA VISTA COMMUNITY HOSPITAL
D.	☒ IN PATIENT
7. Date of Birth	JULY 12, 1904
8A. Age (Years, last birthday)	78
Married, Never Married, Widowed, Divorced	WIDOWED
10. Surviving Spouse	
11. State of Birth	TEXAS
12. Citizen of what country	USA
13. Social Security No.	
14A. Usual Occupation	HOUSEWIFE
B. Kind of Business or Industry	HOME
15. Usual Residence – State	ARIZONA
B. County	COCHISE
C. Town or City	SIERRA VISTA
D. Zip Code	85635
15E. Street Address or RFD	39 GOLDFINCH
15F. Inside City Limits?	NO
15G. On Reservation	NO
16. How long in Arizona? Months	6
17. Previous State of Residence	OREGON
18. Father's Name	WILLIAM VARDEMAN JONES
19. Mother's Maiden Name	ELIZABETH STEWART
Address	1432 CARMELITA DR., SIERRA VISTA, ARIZ. 85635
20. Informant's Signature	Kinder S. Raney
21. Relationship to Deceased	SON
23. Burial, Cremation, Removal, Other	CREMATION
24. Date	3/10/83
25. Cemetery or Crematory	SOUTHLAWN CREMATORY, TUCSON, AZ
26. Embalmer's Signature	NOT EMBALMED
27. Cert. No.	
Funeral Director	[signature]
30. Cert. No.	537
28. Funeral Home	HATFIELD FUNERAL HOME, INC., SIERRA VISTA, ARIZONA
31. Signature and Title	Donna M. Fulton M.D.
32. Date Signed	3/21/83
33. Hour of Death	5TD AM
34. Name of attending physician if other than certifier	
35–39 (Medical Examiner)	39 A:
40. Name and Address of Certifier	DR. DONNA M. FULTON, MD, 1951 S. FRONTAGE RD., SIERRA VISTA, ARIZONA
41. Date Registered	3/22/83
42. Reg. File No.	045
43. Registrar's Signature	[signature] DEPUTY
44. Reg. District	0242
45. Date Rec'd by State Office	MAR 23 1983
46. A. Immediate Cause	Chronic Obstructive Lung Disease
B. Due to, or as a consequence of	Congestive heart failure
C. Due to, or as a consequence of	Osteoporosis
47. Part II. Other significant conditions	Multiple compression fractures
48. Autopsy	NO
49. Was case referred to Medical Examiner	YES
50. Manner of Death	☐ Natural Causes ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Undetermined
51–56 (Injury)	
57. Supplementary Entries	

Return: 1110 N. 6th Ste 207, KFO 97601

STATE OF ARIZONA }
COUNTY OF MARICOPA } ss

DATE ISSUED MAR 29 1983

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

ARIZONA DEPARTMENT OF HEALTH SERVICES

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

Alfonso Bravo

This copy not valid unless prepared on safety paper displaying seal.

4.00

STATE OF OREGON: COUNTY OF KLAMATH :ss

I hereby certify that the within instrument was received and filed for record on the 10th day of August A.D., 19 83 at 10:57 o'clock A M, and duly recorded in Vol M83, of Deeds on page 13236

EVELYN BIEHN COUNTY CLERK
by [signature] Deputy

Fee $ 4.00