

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH										DEATH NO. D 102-	
ORIGINAL STATE COPY		NAME OF DECEASED AKA FRANK FRANCIS DONALD HOUSKY		SEX 2 MALE		DATE OF DEATH 3 MARCH 23, 1980		MONTH		YEAR	
WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC		C		5		YES			
4A WHITE		B NO		C HOSPITAL OR INSTITUTION		IF RESIDENCE GIVE STREET ADDRESS		D		X <input checked="" type="checkbox"/> DECEASED <input type="checkbox"/> ORPHAN <input type="checkbox"/> PATIENT	
6 PIMA		B TOWN OR CITY TUCSON		C HOSPITAL OR INSTITUTION TUCSON MEDICAL CENTER		IF WIFE GIVE MARRIAGE NAME					
7 MARCH 7, 1924		AGE YEARS 56		IF UNDER 1 YEAR MOS DAYS HRS MIN		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		10 ROSE SANCHEZ		IF WIFE GIVE MARRIAGE NAME	
8 NEBRASKA		CITIZEN OF WHAT COUNTRY? U. S. A.		13 571-28-4690		USUAL OCCUPATION (Give kind of work done) PROFESSIONAL HANDLER		B DOCS		D 74 CODE 95012	
15 CALIFORNIA		B COUNTY MONTEREY		C TOWN OR CITY CASTORVILLE							
16 243 WALKER VALLEY ROAD		INSIDE CITY LIMITS? (Specify Yes or No) 15F YES		ON RESERVATION (Specify yes or no) 15G NO		HOW LONG IN ARIZONA? YEARS MONTHS DAYS 3		PREVIOUS STATE OF RESIDENCE			
18 FRANK HOUSKY		FATHER'S NAME		19 GRACE BUSH		MOTHER'S MAIDEN NAME		E 95012		ZIP CODE	
20 ROSE HOUSKY		INFORMANT'S SIGNATURE		21 WIFE		RELATIONSHIP TO DECEASED		22 243 WALKER VALLEY RD, CASTORVILLE, CALIFORNIA		ADDRESS	
23 REMOVAL		DATE 3-25-80		CEMETERY OR CREMATORY - NAME MISSION MORTUARY, MONTEREY, CALIF.		STREET ADDRESS		CITY AND STATE			
25 ARIZONA MORTUARY 7 E. UNIVERSITY, TUCSON, ARIZONA		FURNAL HOME		NAME		STREET ADDRESS		CITY AND STATE			
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 [Signature]		DATE SIGNED (Mo., Day, Year) 3-24-80		HOUR OF DEATH 1420 hours			
32		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		33		PRONOUNCED DEAD (Mo., Day, Year) 3-23-80		34 AT		1420 hours	
34		NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print)		40 Joseph J. Halka, M.D. 1601 N. Tucson Blvd. Tucson, Arizona		DATE REGISTERED Mar. 25, 1980		REG. FILE NO. 1148		REGISTRAR'S SIGNATURE [Signature] , Deputy	
46		A IMMEDIATE CAUSE ARTERIOSCLEROTIC HEART DISEASE.		B DUE TO, OR AS A CONSEQUENCE OF:		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 NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 49 Yes							
47		MANNER OF DEATH <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR HOUR 51 M 53		INJURY AT WORK? (Specify yes or no) 53		DESCRIBE HOW INJURY OCCURRED 54			
50		PLACE OF INJURY (At home, farm, street, factory, office building, etc) SPECIFY 55		WHERE LOCATED? 56		STREET ADDRESS		CITY OR TOWN		STATE	
57		SUPPLEMENTARY ENTRIES									

CERTIFIED COPY OF VITAL RECORD

April 7, 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, PHOENIX, AZ. Issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised 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 16th day of July A.D., 1984 at 10:02 o'clock A. M., and duly recorded in Vol M84 of Deeds on page 11972.

EVELYN BIEHN, COUNTY CLERK
by: [Signature], Deputy

Fee: \$ 4.00 Indexing \$1.00

Return: Foster & Purdy Box 1667 Medford, Ore. 97501