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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 ROBERT; B MIDDLE COLDREN; C LAST LANTZ
2 SEX: MALE
3 DATE OF DEATH: MAY 9, 1987
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): YES
6A PLACE OF DEATH: A COUNTY PIMA; B TOWN OR CITY TUCSON
6C HOSPITAL OR INSTITUTION (IF RESIDENCE GIVE STREET ADDRESS): TUCSON MEDICAL CENTER
6D ☐ DOA ☐ OP EMER ☒ IN PATIENT
7 DATE OF BIRTH: DECEMBER 19, 1913
8A AGE (YEARS LAST BIRTHDAY): 73
8B IF UNDER 1 YEAR MOS DAYS
8C IF UNDER 1 DAY HRS MIN
9 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY): MARRIED
10 SURVIVING SPOUSE (IF WIFE GIVE MAIDEN NAME): EDITH BRIGGS
11 STATE OF (if not in USA, name country) BIRTH: SOUTH DAKOTA
12 CITIZEN OF WHAT COUNTRY? SPECIFY: USA
13 SOCIAL SECURITY NO: 499-16-8326
14A USUAL OCCUPATION (Give kind of work done most of working life, even if retired): CONTRACTOR
14B KIND OF BUSINESS OR INDUSTRY: FLOORING-CONSTRUCTION
15A USUAL RESIDENCE: A STATE OREGON; B COUNTY KLAMATH; C TOWN OR CITY KLAMATH FALLS; D ZIP CODE 97603
15E STREET ADDRESS OR RFD: 1912 WIARD ST.
15F INSIDE CITY LIMITS? (SPECIFY Yes or No): NO
15G ON RESERVATION (Specify yes or no): NO
16 HOW LONG IN ARIZONA? YEARS; MONTHS 6; DAYS
17 PREVIOUS STATE OF RESIDENCE
18 FATHER'S NAME: A FIRST CLARENCE; B MIDDLE COLDREN; C LAST LANTZ
19 MOTHER'S MAIDEN NAME: A FIRST IDA; B MIDDLE ADAMS; C LAST
20 INFORMANT'S SIGNATURE: Elizabeth EDITH B. LANTZ Lantz
21 RELATIONSHIP TO DECEASED: WIFE
22 ADDRESS STREET NO CITY AND STATE ZIP CODE: 1912 WIARD ST., KLAMATH FALLS, OREGON 97603
23 BURIAL, CREMATION, REMOVAL OTHER (Specify): REMOVAL
24 DATE: 5/12/87
25 CEMETERY OR CREMATORY — NAME LOCATION: KLAMATH FALLS, WIARDS KLAMATH FUNERAL HOME, OR
26 EMBALMER'S SIGNATURE: George Huckaby; CERT NO 27 835E
28 FUNERAL HOME NAME STREET ADDRESS CITY AND STATE: EAST LAWN MORTUARY 5801 E. GRANT RD. TUCSON, AZ
29 FUNERAL DIRECTOR (if person acting as such) (SIGNATURE): George Huckaby; CERT NO 30 647F

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: [illegible] MD
32 DATE SIGNED (Mo., Day, Yr.): 5/11/87
33 HOUR OF DEATH: 1013
34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 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:
36 DATE SIGNED (Mo., Day, Year):
37 HOUR OF DEATH:
38 PRONOUNCED DEAD (Mo., Day, Year) ON:
39 PRONOUNCED DEAD (Hour) AT:

40 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): John M. Piper MD 2260 N Rosemont # 105 Tucson Az
41 DATE REGISTERED: MAY 12, 1987
42 REG. FILE NO: 2236
43 REGISTRAR SIGNATURE: Brenda Cumberland, Deputy
44 REG. DISTRICT: 1017
45 DATE RCVD IN STATE OFFICE:

PART I — CAUSE OF DEATH (CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST) (ENTER ONLY ONE CAUSE ON EACH LINE)
A IMMEDIATE CAUSE: ISCHEMIA of BOWEL — 72 Hours
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?): RUPTURED DUODENAL ULCER
47 AUTOPSY (Specify yes or no): NO
49 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): NO

MANNER OF DEATH: ☒ NATURAL CAUSES; ☐ ACCIDENT; ☐ SUICIDE; ☐ HOMICIDE; ☐ PENDING INVESTIGATION; ☐ UNDETERMINED
50 DATE OF INJURY MO DAY YR HOUR:
51 INJURY AT WORK? (Specify yes or no):
52 DESCRIBE HOW INJURY OCCURRED:
53 PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
54 WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE:
55 SUPPLEMENTARY ENTRIES:

STATE OF ARIZONA COUNTY OF PIMA

CERTIFIED COPY OF VITAL RECORD

Date Issued — May 13, 1987

This is a true and correct reproduction of the document officially registered and to be placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, AZ 85007. Issued under the authority of A.R.S. 36-341 and by direction of

Patricia A. Nolan M.D.
PATRICIA A. NOLAN, M.D.
County Registrar and Director
Pima County Health Department

MICHAEL CROGAN
Chief Deputy State Registrar

This copy not valid unless prepared on safety paper displaying county seal in color and imprinted with raised seal of issuing agency.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 17th day of July A.D., 19 87 at 2:58 o'clock P M., and duly recorded in Vol. M87, of Deeds on Page 12763.

FEE $5.00

Evelyn Biehn, County Clerk
By _____

Ret: Edith B. Lantz 1912 Wiard St., Klamath Falls, Oregon 97603