

STATE OF ARIZONA

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STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
CERTIFICATE OF DEATHDEATH NO.
D 102-

NAME OF DECEASED 1. Frances June Cooper			SEX 2. female	DATE OF DEATH 3. Nov. 28, 1985		
RACE (e.g., white, black, American Indian, etc.) 4A. white			WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY: 4B. NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. 5. NO
PLACE OF DEATH 6. Mohave			TOWN OR CITY 7. Bullhead City			C. HOSPITAL OR INSTITUTION 8. Bullhead Community Hospital
DATE OF BIRTH 9. Dec. 9, 1919			AGE (YEARS) 10. 65	IF UNDER 1 YEAR 11. MOS	IF UNDER 1 DAY 12. HRS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 13. married
STATE OF (if not in USA, name country) 14. Indiana			CITIZEN OF WHAT COUNTRY? 15. U.S.A.			SOCIAL SECURITY NO. 16. 309 12 8991
USUAL RESIDENCE 17. California			C. TOWN OR CITY 18. Fontana			D. ZIP CODE 19. 92335
STREET ADDRESS OR RFD 20. 8934 Spohn Drive			INSIDE CITY LIMITS? (Specify yes or no) 21. NO			ON RESERVATION (Specify yes or no) 22. NO
FATHER'S NAME 23. (unknown)			MOTHER'S MAIDEN NAME 24. Jeanette			PREVIOUS STATE OF RESIDENCE 25. (unknown)
INFORMANT'S SIGNATURE 26. Marshall Cooper			RELATIONSHIP TO DECEASED 27. husband			ADDRESS 28. 8934 Spohn Drive, Fontana, California 92335
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 29. Removal			DATE 30. 11/30/85			CEMETERY OR CREMATORY - NAME/LOCATION 31. Lee R. Hill Mortuary, Temple City
FURNERAL HOME 32. Silver Bell Chapel, 2620 Silver Cr. Rd., Bullhead City, AZ			STREET ADDRESS 33. 2620 Silver Cr. Rd., Bullhead City, AZ			CITY AND STATE 34. AZ
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 35. SIGNATURE 36. DATE SIGNED (Mo., Day, Year) 37. HOUR OF DEATH 38. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			TO BE COMPLETED BY MEDICAL EXAMINER ONLY 39. 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. 40. SIGNATURE 41. DATE SIGNED (Mo., Day, Year) 42. HOUR OF DEATH 43. PRONOUNCED DEAD (Mo., Day, Year) 44. PRONOUNCED DEAD (Hour) 45. AT 11:50 A.M.			CERT NO. 46. 798 47. 327
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 48. Gordon L. Ritter, D.O., Mohave Valley Medical Center, Bullhead City, Arizona			DATE REGISTERED 49. 11/29/85			REG. DISTRICT 50. 0132
PART I. CAUSE OF DEATH A. IMMEDIATE CAUSE B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF			PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?) 51. no			WAS CASE REFERRED TO MEDICAL EXAMINER 52. yes
MANNER OF DEATH 53. NATURAL CAUSE 54. ACCIDENT 55. SUICIDE			DATE OF INJURY 56. MO DAY YR 57. 11 28 85			INJURY AT WORK? 58. (Specify yes or no) 59. no
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 60. SS			WHERE LOCATED? 61. STREET ADDRESS 62. CITY OR TOWN 63. STATE			
SUPPLEMENTARY ENTRIES 64. 57.			65. 56.			

STATE OF ARIZONA
COUNTY OF MARICOPA } SS

DATE ISSUED DEC 23 1985

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:

LLOYD F. NOVICK, M.D., Director
Arizona Department of Health Services
State RegistrarAlfonso Bravo
ALFONSO BRAVO
Assistant State Registrar

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency

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STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Marshall Cooper
of August A.D., 1987 at 11:27 o'clock A.M., and duly recorded in Vol. M87
of Deeds on Page 14131.

FEE \$5.00

Return: Marshall Cooper 8934 Spohn Dr., Fontana, California 92335

Evelyn Biehn, County Clerk
By [Signature]