

## STATE OF ARIZONA

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## Certified Copy of Vital Record

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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.) SPECIFY: 4A. white			WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY: B. NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.
PLACE OF DEATH 5. Mohave	TOWN OR CITY 6. Bullhead City	C. HOSPITAL OR INSTITUTION Bullhead Community Hospital				
DATE OF BIRTH 7. Dec. 9, 1919	AGE (YEARS) 8A. 65	IF UNDER 1 YEAR 8B. MOS. DAYS	IF UNDER 1 DAY 8C. HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. married	SURVIVING SPOUSE 10. Marshall Cooper	
STATE OF (if not in USA, name country) 11. Indiana	CITIZEN OF WHAT COUNTRY? 12. U.S.A.	SOCIAL SECURITY NO. 13. 309 12 8991		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. homemaker		
USUAL RESIDENCE 15. California	C. TOWN OR CITY San Bernardino	D. ZIP CODE 92335		PREVIOUS STATE OF RESIDENCE 17. ---		
STREET ADDRESS OR RFD 15E. 8934 Spohn Drive			INSIDE CITY LIMITS? (Specify yes or no) 15F. NO			
FATHER'S NAME 18. (unknown)			MOTHER'S MARRIAGE NAME 19. Jeanette (unknown)			
INFORMANT'S SIGNATURE 20. Marshall Cooper			RELATIONSHIP TO DECEASED 21. husband			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 23. Removal			CEMETERY OR CREMATORY - NAME/LOCATION 25. Lee R. Hill Mortuary, Temple City			
DATE 24. 11/30/85			CITY AND STATE AZ			
FURNERAL HOME 28. Silver Bell Chapel, 2620 Silver Cr. Rd., Bullhead City, AZ			EMBALMER'S SIGNATURE 26. Mary A. Haveline			
DATE 29. 11/30/85			CERT NO. 27. 798			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 31. SIGNATURE 32. DATE SIGNED (Mo., Day, Year) 33. HOUR OF DEATH 34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			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 36. DATE SIGNED (Mo., Day, Year) 37. HOUR OF DEATH 38. PRONOUNCED DEAD (Mo., Day, Year) 39. AT 11:50 A.M.			
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 40. Gordon L. Ritter, D.O., Mohave Valley Medical Center, Bullhead City, Arizona			DATE REGISTERED 41. 11/29/85			
REG. FILE NO. 42. 191			REG. DISTRICT 44. 083.2			
A. IMMEDIATE CAUSE B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART B. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?) 47. no			AUTOPSY (Specify yes or no) 48. no			
MANNER OF DEATH 49. no			WAS CASE REFERRED TO MEDICAL EXAMINER 49. yes			
DATE OF INJURY 51. 11/28/85			INJURY AT WORK? (Specify yes or no) 52. no			
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 53. ---			WHERE LOCATED? 54. ---			
STREET ADDRESS 55. ---			CITY OR TOWN 56. ---			
STATE 57. ---			STATE 58. ---			

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]