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STATE OF ARIZONA
Certified Copy of Vital Record

90895 Vol M88 Page 14108

ORIGINAL STATE COPY

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

DEATH NO. D 102-

NAME OF DECEASED: A. FIRST: George	B. MIDDLE: Lewis	C. LAST: Deason	SEX: 2 Male	DATE OF DEATH: 3. 11 December 1987	
RACE (e.g., white, black, American Indian, etc.) SPECIFY: 4A White	WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY: B No	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.: C		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): 5 Yes	
PLACE OF DEATH: A. COUNTY: 6 Yuma	B. TOWN OR CITY: Yuma	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Yuma Regional Medical Center		D. ☐ DOA ☐ OP EMER ☒ IN PATIENT	
DATE OF BIRTH: MONTH / DAY / YEAR: 7 13 June 1930	AGE (YEARS IF LAST BIRTHDAY): 8A 57	IF UNDER 1 YEAR: MOS. B	IF UNDER 1 DAY: HRS. / MIN. C	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 9 Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): 10 Charlotte Pitts
STATE OF (if not in USA, name country) BIRTH: 11 Illinois	CITIZEN OF WHAT COUNTRY? SPECIFY: 12 U. S. A.	SOCIAL SECURITY NO.: 13 325 24 9595	USUAL OCCUPATION (Give kind of work done most of working life, even if retired): 14A Firefighter	KIND OF BUSINESS OR INDUSTRY: B County Gov't	
USUAL RESIDENCE: A. STATE: 15 Oregon	B. COUNTY: Klamath	C. TOWN OR CITY: La Pine	D. ZIP CODE: 97739		
STREET ADDRESS OR R.F.D.: 15E P. O. Box 354	INSIDE CITY LIMITS? (SPECIFY Yes or No): 15F Yes	ON RESERVATION (Specify yes or no): 15G No	HOW LONG IN ARIZONA? YEARS: 16	MONTHS: 3	DAYS: PREVIOUS STATE OF RESIDENCE: 17.
FATHER'S NAME: A. FIRST: 18 Lewis	B. MIDDLE:	C. LAST: Deason	MOTHER'S MAIDEN NAME: A. FIRST: 19 Anna	B. MIDDLE:	C. LAST: Pulley
INFORMANT'S SIGNATURE: 20 Charlotte Deason	RELATIONSHIP TO DECEASED: 21 Spouse	ADDRESS: STREET NO.: 22 P. O. Box 354	CITY AND STATE: La Pine, Oregon	ZIP CODE: 97739	
BURIAL, CREMATION, REMOVAL, OTHER (Specify): 23 Cremate	DATE: 24 14DEC87	CEMETERY OR CREMATORY — NAME / LOCATION: 25 Ryzek Crematory / Yuma, Az	EMBALMER'S SIGNATURE: 26 Not Embalmed	CERT. NO.: 27	
FUNERAL HOME: NAME: 28 Ryzek Yuma Mortuary	STREET ADDRESS: 551 W. 16th Street	CITY AND STATE: Yuma, Arizona	FUNERAL DIRECTOR or person acting as such (SIGNATURE): 29 Karl K. Koenig	CERT. NO.: 30 619	

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: 31
DATE SIGNED (Mo., Day, Year): 32 12/14/87
HOUR OF DEATH: 33 0815
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): 34

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.
SIGNATURE AND TITLE: 35
DATE SIGNED (Mo., Day, Year): 36
HOUR OF DEATH: 37
PRONOUNCED DEAD (Mo., Day, Year): 38 ON
PRONOUNCED DEAD (Hour): 39 AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): 40 Dr. Roger Nutt, 2503 S. Ave. A, Yuma, AZ 85364 (602-344-3350)

DATE REGISTERED: 12-15-87 | REG. FILE NO.: 42 7.44 | REGISTRAR'S SIGNATURE: 43 | REG. DISTRICT: 1415 | DATE RCVD. IN STATE OFFICE: 45 DEC 22 1987

PART I. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST. (ENTER ONLY ONE CAUSE ON EACH LINE.)
46.
A. IMMEDIATE CAUSE: Cardiac arrest — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 2 days
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?): 47 UNK - SVR - CABG
AUTOPSY (Specify yes or no): 48 No
WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): 49 Yes

MANNER OF DEATH: 50 ☒ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED
DATE OF INJURY: MO. / DAY / YR. / HOUR: 51 / 52 M
INJURY AT WORK? (Specify yes or no): 53
DESCRIBE HOW INJURY OCCURRED: 54
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY: 55
WHERE LOCATED? STREET ADDRESS / CITY OR TOWN / STATE: 56

SUPPLEMENTARY ENTRIES: 57

STATE OF ARIZONA } ss.
COUNTY OF MARICOPA }

DATE ISSUED: DEC 22 1987

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:

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES — dhs

TED WILLIAMS, Director
Department of Health Services
State Registrar

RENEE GAUDINO
Assistant State Registrar

SEAL OF VITAL RECORDS

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Charlotte Deason the 31st day of Aug. A.D., 19 88 at 9:05 o'clock A.M., and duly recorded in Vol. M88, of Deeds on Page 14108.

Evelyn Biehn County Clerk
By Pauline Mullendore

FEE $8.00
Return: Charlotte Deason
P.O. Box 354, LaPine, Or. 97739