

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL
STATE COPY

STATE OF ARIZONA

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

NAME OF DECEASED A FIRST SAMUEL		B MIDDLE LAWRENCE		C LAST MATTHEWS		SEX 2 MALE	DATE OF DEATH MONTH DAY YEAR NOVEMBER 6, 1988	
AGE (e.g., white, black, American Indian, etc.) A White		WAS DECEDENT OF SPANISH ORIGIN: (YES, NO) SPECIFY: B No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES		
PLACE OF BIRTH A COUNTY MARICOPA		B TOWN OR CITY PHOENIX		C HOSPITAL OR INSTITUTION VA Medical Center		D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input checked="" type="checkbox"/> PATIENT		
DATE OF BIRTH MONTH DAY YEAR May 4, 1912		AGE (YEARS LAST BIRTHDAY) 8A 76		IF UNDER 1 YEAR MOS DAYS B		IF UNDER 1 DAY HRS. MIN. C		9. MARRIED
DATE OF (if not in USA, name country) BIRTH Oregon		CITIZEN OF WHAT COUNTRY? 12. USA		SOCIAL SECURITY NO. 544 05 3291		10. Lela Ruth DeShazo		
RESIDENCE A STATE Arizona		B COUNTY Pinal		C TOWN OR CITY Casa Grande		11A self-employed 11B Furniture Store		
STREET ADDRESS OR P.O. BOX 407 E. Saguaro		INSIDE CITY LIMITS? (SPECIFY YES OR NO) 15F. Yes		ON RESERVATION (Specify yes or no) 15G. No		HOW LONG IN ARIZONA? YEARS MONTHS DAYS 16. 6		PREVIOUS STATE OF RESIDENCE 17. Oregon
FATHER'S NAME A FIRST Samuel		B MIDDLE J.		C LAST Matthews		MOTHER'S MAIDEN NAME A FIRST Maradia		
INFORMANT'S SIGNATURE Kathleen W. Grier		RELATIONSHIP TO DECEASED 21. None		ADDRESS 22. 7th St & Indianschool Rd Phoenix, Az		CITY AND STATE Phoenix, AZ		
BURIAL CREMATION, REMOVAL, OTHER (Specify) 3. Burial		DATE 24. 11/9/88		CEMETERY OR CREMATORY - NAME / LOCATION 25. Arizona Veterans Memorial Cemetery		EMBALMER'S SIGNATURE 26. [Signature]		
GENERAL HOME NAME 18. 10904 E. Chandler Heights Rd., Chandler, Arizona		STREET ADDRESS 19. Valley of the Sun Mortuary-Tri-City Chapel		CITY AND STATE Chandler, Arizona		FUNERAL DIRECTOR or person acting as such (SIGNATURE) 29. [Signature]		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 31. AND TITLE 32. 11-7-88		HOUR OF DEATH 33. 7:10AM		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. AND TITLE 36. [Signature]		DATE SIGNED (Mo., Day, Year) 37. [Signature]		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34. FRANK M. PRICE, M.D.		NAME OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) 38. ON		PRONOUNCED DEAD (Mo., Day, Year) 39. AT		HOUR OF DEATH 37. [Signature]		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) NOV 14 1988 REG. FILE NO. 146281 REGISTRAR'S SIGNATURE [Signature]		VETERANS ADMINISTRATION MEDICAL CENTER PHOENIX, AZ 85012		REG. DISTRICT 14. 0704		DATE RCVD IN STATE OFFICE 45.		
A. IMMEDIATE CAUSE SEPSIS		B. DUE TO, OR AS A CONSEQUENCE OF: ASPIRATION PNEUMONIA		C. DUE TO, OR AS A CONSEQUENCE OF: CEREBROVASCULAR ACCIDENT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
LUNG CANCER		OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female-was she pregnant within past 90 days?) 7. LUNG CANCER		AUTOPSY (Specify yes or no) 48. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 49. NO		
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		DATE OF INJURY MO DAY YR 51. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 55.		INJURY AT WORK? (Specify yes or no) 52. M 53.		DESCRIBE HOW INJURY OCCURRED 54.		
SUPPLEMENTARY ENTRIES		WHERE LOCATED? 56.		STREET ADDRESS		CITY OR TOWN STATE		

STATE OF ARIZONA

COUNTY OF MARICOPA

CERTIFIED COPY OF VITAL RECORDS Nov. 15, 1988

DATE ISSUED

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:

Dean L. Benson
Chief Deputy County Registrar
Maricopa County Department of Health Services

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Lela Ruth Matthews
of Jan. A.D., 19 89 at 1:58 o'clock P.M., and duly recorded in Vol. M89 day
of Deeds on Page 1856
Evelyn Biehn County Clerk

FEE \$8.00

Lela Ruth Matthews

3642 Hope, Klamath Falls, Or. 97603