

## CERTIFICATION OF VITAL RECORD

## STATE OF ARIZONA

ORIGINAL

STATE COPY

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS

DEATH NO.

CERTIFICATE OF DEATH

D 102-

NAME OF DECEASED A. FIRST <b>LOYD</b>		B. MIDDLE <b>DELOS</b>		C. LAST <b>BAKER</b>		SEX <b>MALE</b>	DATE OF DEATH MONTH <b>MARCH</b>		DAY <b>26</b>		YEAR <b>1989</b>		
RACE (e.g., white, black, American Indian, [Specify tribe] etc.) <b>WHITE</b>		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) <b>NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>YES</b>		D. DOA <input type="checkbox"/> OP. EMER. <input checked="" type="checkbox"/> PATIENT					
PLACE OF DEATH A. COUNTY <b>PIMA</b>		B. TOWN OR CITY <b>TUCSON</b>		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) <b>UNIVERSITY MEDICAL CENTER</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>MAE QUINN</b>							
DATE OF BIRTH MONTH <b>NOVEMBER</b>		DAY <b>26</b>		YEAR <b>1915</b>		AGE (YEARS) LAST BIRTHDAY <b>73</b>		IF UNDER 1 YEAR MOS. DAYS <b>73</b>		IF UNDER 1 DAY HRS. MIN. <b>73</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	
STATE AND CITY OF BIRTH (If not in USA, name country) <b>OKLAHOMA</b>		CITIZEN OF WHAT COUNTRY? <b>UNITED STATES</b>		SOCIAL SECURITY NO. <b>711-05-9454</b>		USUAL RESIDENCE A. STATE <b>OREGON</b>		B. COUNTY <b>KLAMATH</b>		C. TOWN OR CITY <b>KLAMATH FALLS</b>		D. ZIP CODE <b>97601</b>	
STREET ADDRESS OR R.F.D. <b>2163 RADCLIFFE AVE</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) <b>YES</b>		ON RESERVATION (SPECIFY Yes or No) <b>NO</b>		PREVIOUS STATE OF RESIDENCE <b>OREGON</b>		HOW LONG IN ARIZONA? <b>3 months</b>		EDUCATION HIGHEST GRADE COMPLETED <b>12</b>		COLLEGE (1-4 or 5+) <b>12</b>	
FATHER'S NAME A. FIRST <b>WALTER</b>		B. MIDDLE <b>BAKER</b>		C. LAST <b>BAKER</b>		MOTHER'S MAIDEN NAME A. FIRST <b>FRANCES</b>		B. MIDDLE <b>VILLINES</b>		C. LAST <b>VILLINES</b>		STREET NO. <b>2163 RADCLIFFE AVE.</b>	
INFORMANT'S SIGNATURE <b>Mae Baker</b>		RELATIONSHIP TO DECEASED <b>WIFE</b>		ADDRESS <b>2163 RADCLIFFE AVE.</b>		CITY AND STATE <b>KLAMATH FALLS, OREGON</b>		ZIP CODE <b>97601</b>		CERT. NO. <b>565A</b>		CERT. NO. <b>385A</b>	
BUTURAL, CREMATION, REMOVAL, OTHER (Specify) <b>REMOVAL</b>		DATE <b>3/28/89</b>		CEMETERY OR CREMATORY, NAME (LOCATION) <b>KLAMATH MEMORIAL PARK</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>	
FUNDAL HOME <b>SWAN FUNERAL HOME, INC.</b>		NAME <b>1335 S. SWAN RD.</b>		CITY AND STATE <b>TUCSON, ARIZONA</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>		FUNDAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) <b>[Signature]</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30 SIGNATURE AND TITLE <b>Brian G.M. Durie M.D.</b>		DATE SIGNED (Mo., Day, Year) <b>3-27-89</b>		HOUR OF DEATH <b>5:00 A.M.</b>		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. 34 AND TITLE <b>Deputy</b>		DATE SIGNED (Mo., Day, Year) <b>1017</b>		HOUR OF DEATH <b>3 MONTHS</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3 MONTHS</b>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY <b>BRIAN G.M. DURIE 1501 N. CAMPBELL AVE. TUCSON AZ</b>		DATE REGISTERED <b>MAR. 28, 1989</b>		REG. FILE NO. <b>1677</b>		AUTHORIZED FOR CREMATION (SPECIFY Yes or No) <b>Yes</b>		MEDICAL EXAMINER'S SIGNATURE: <b>[Signature]</b>		DATE REC'D. IN STATE OFFICE <b>1017</b>		DATE REC'D. IN STATE OFFICE <b>1017</b>	
SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (OSSELY INQUIRY THAT INITIATES IN DEATH) LAST. <b>ACUTE BURKITT'S LEUKEMIA (L3)</b>		A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>ACUTE BURKITT'S LEUKEMIA (L3)</b>		B. DUE TO OR AS A CONSEQUENCE OF: <b>3 MONTHS</b>		C. DUE TO OR AS A CONSEQUENCE OF: <b>3 MONTHS</b>		D. DUE TO OR AS A CONSEQUENCE OF: <b>3 MONTHS</b>		E. DUE TO OR AS A CONSEQUENCE OF: <b>3 MONTHS</b>		F. DUE TO OR AS A CONSEQUENCE OF: <b>3 MONTHS</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		AUTOPSY (Specify Yes or No) <b>NO</b>		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) <b>NO</b>		MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO <b>52</b>		DAY <b>53</b>		YEAR <b>54</b>	
INJURY AT WORK? (Specify Yes or No) <b>55</b>		DESCRIBE HOW INJURY OCCURRED <b>56</b>		WHERE LOCATED? <b>57</b>		STREET ADDRESS <b>58</b>		CITY OR TOWN <b>59</b>		STATE <b>60</b>		SUPPLEMENTARY ENTRIES <b>Item 18 removed obv. error (PCHD 4-4-89 lp)</b>	

STATE OF ARIZONA  
COUNTY OF PIMA

CERTIFIED COPY OF VITAL RECORDS

DATE ISSUED APRIL 4, 1989

This is a true and exact reproduction of the document officially registered and to be 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:

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 Mae Baker the 10th day of April A.D. 19 89 at 10:23 o'clock A M., and duly recorded in Vol. M89 of Deeds on Page 6027

FEE \$8.00

Return: Mae Baker

2163 Radcliffe, Klamath Falls, Or. 97601

Evelyn Biehn  
By [Signature] County Clerk