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Vol. M89 Page 6584

MTC-1396-1687

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH
DEATH NO. D 102-

Name of Deceased: A. First: CURTIS | B. Middle: T. | C. Last: GUSTAFSON
2. Sex: MALE
3. Date of Death: Month: MARCH | Day: 31 | Year: 1989
4A. Race: WHITE
B. Was decedent of Hispanic origin: NO
C. If yes, indicate Mexican, Spanish, Puerto Rican, Cuban, etc.:
5. Was deceased ever in U.S. Armed Forces: YES
Place of Death: A. County: MARICOPA | B. Town or City: MESA | C. Hospital or Institution: VALLEY LUTHERAN HOSPITAL | ☐ DOA ☐ OP EMER. XXXX IN PATIENT
Date of Birth: Month: AUGUST | Day: 5 | Year: 1931
Age (years last birthday): 57 | Under 1 year: Mos. Days | Under 1 day: Hrs. Min.
Married, never married, widowed, divorced: MARRIED
Surviving spouse: MAXINE RICHARDSON
State and City of Birth: TRAIL COUNTY, ND
12. Citizen of what country: USA
Social Security No: 516-28-6308
Usual occupation: POLICE OFFICER
Kind of business or industry: LAW ENFORCEMENT
Usual Residence: A. State: ARIZONA | B. County: MARICOPA | C. Town or City: MESA | D. Zip Code: 85208
16. How long in Arizona: 4 YEARS
17. Education – highest grade completed: Elementary-Secondary (0-12): 12TH | College (1-4 or 5+):
Street address or R.F.D.: 8865 E BASELINE RD. #607
15F. Inside city limits: YES
15G. On reservation: NO
18. Previous state of residence: ALASKA
Father's name: A. First: OLE | B. Middle: | C. Last: OPGRAND
Mother's maiden name: A. First: THERESA | B. Middle: | C. Last: YSTEBO
Informant's signature: MAXINE GUSTAFSON
22. Relationship to deceased: WIFE
23. Address: Street No. 8865 E BASELINE RD. #607 | City and State: MESA, AZ. | Zip Code: 85208
24. Burial, cremation, removal, other: CREMATION
25. Date: 4/4/89
26. Cemetery or crematory – name/location: WESTSIDE CREMATORY YOUNGSTOWN AZ | Street address: | City and State: PHX, AZ. 85033
27A. Embalmer's signature: NO EMBALMING | Cert. No.
Funeral Home: Name: NAT'L CREMATION & BURIAL SOC 6901 W INDIAN SCHOOL RD.
29A. Funeral Director signature: [signature] | Cert. No: 669

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.
30. Signature and title: [signature]
31. Date signed (Mo., Day, Year): 4/3/89
32. Hour of death: 5:30 AM
33. Name of attending physician if other than certifier (Type or print):

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.
34. Signature and title:
35. Date signed (Mo., Day, Year): | 36. Hour of death:
37. Pronounced dead (Mo., Day, Year): | 38. Pronounced dead (Hour): AT

Name and address of certifier, physician, medical examiner or tribal law enforcement authority: DR MICHAEL O'MEARA 1520 S DOBSON RD. MESA, AZ
40. Authorized for cremation (specify): Yes ☐ No
Medical examiner signature: [signature] MD
Date registered: APR - 6 1989 | Reg. File No.: 5178 | 44. Registrar's signature: [signature] | Reg. District: 0705 | 46. Date rec'd in state office:

Part I. Sequentially list conditions, if any, leading to immediate cause. Enter underlying cause (disease or injury that initiated events resulting in death) last.
A. Immediate cause (final disease or condition resulting in death) (enter only one cause on each line): CARDIAC ARREST
B. Due to or as a consequence of: Coronary Artery Disease
C. Due to or as a consequence of:
Approximate interval between onset and death:

48. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
49. Autopsy (Specify Yes or No): NO
50. Was case referred to medical examiner (Specify Yes or No): YES

51. Manner of death: ☐ Natural causes ☐ Homicide ☐ Accident ☐ Pending investigation ☐ Suicide ☐ Undetermined
52. Date of injury: Mo Day Yr | 53. Hour: M | 54. Injury at work (Specify Yes or No): | 55. Describe how injury occurred:
56. Place of injury (At home, farm, street, factory, office building, etc.) Specify: | 57. Where located: Street address | City or Town | State

58. Supplementary entries:
After recording return to:
Maxine C. Gustafson
8865 E. Baseline Road #607
Mesa, AZ 85208

CERTIFIED COPY OF VITAL RECORDS Apr 6 1989

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

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:

[signature]
DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services

1436061

MARICOPA COUNTY HEALTH DEPT. PHOENIX, ARIZONA

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 Mountain Title Co. the 19th day of April A.D., 19 89 at 9:00 o'clock A.M., and duly recorded in Vol. M89, of Deeds on Page 6584.

Evelyn Biehn, County Clerk
By [signature]

FEE $8.00