

STATE OF ARIZONA  
Certified Copy of Vital RecordORIGINAL  
STATE COPYSTATE OF ARIZONA  
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS  
CERTIFICATE OF DEATHDEATH NO.  
D 102-

NAME OF DECEASED A. FIRST <b>RUTH</b>		B. MIDDLE <b>LESLIE</b>		C. LAST <b>WHITE</b>		SEX <b>FEMALE</b>	DATE OF DEATH MONTH DAY YEAR <b>February 19, 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. <b>No</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>No</b>		
PLACE OF BIRTH A. COUNTY <b>Yuma</b>		B. TOWN OR CITY <b>Yuma</b>		C. HOSPITAL OR INSTITUTION <b>Yuma Regional Medical Center</b>		(IF RESIDENCE, GIVE STREET ADDRESS)		
DATE OF BIRTH MONTH DAY YEAR <b>July 26, 1919</b>		AGE (YEARS LAST BIRTHDAY) <b>69</b>		IF UNDER 1 YEAR MOS. DAYS <b>4 Mos.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		
STATE AND CITY OF BIRTH (if not in USA, name country) <b>Minnesota</b>		CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		SOCIAL SECURITY NO. <b>544-14-3319</b>		SURVIVING SPOUSE <b>Donald White</b>		(IF WIFE, GIVE MAIDEN NAME)
USUAL RESIDENCE A. STATE <b>Oregon</b>		B. COUNTY <b>Klamath</b>		C. TOWN OR CITY <b>La Pine</b>		D. ZIP CODE <b>97739</b>		HOW LONG IN ARIZONA? <b>4 Mos.</b>
STREET ADDRESS OR R.F.D. <b>Rt. 1, Box 1044</b>		INSIDE CITY LIMITS? (SPECIFY Yes or No) <b>No</b>		ON RESERVATION (SPECIFY Yes or No) <b>No</b>		PREVIOUS STATE OF RESIDENCE <b>Minnesota</b>		EDUCATION HIGHEST GRADE COMPLETED <b>Education</b>
FATHER'S NAME A. FIRST <b>Leslie</b>		B. MIDDLE <b>Gadway</b>		C. LAST <b>Miller</b>		MOTHER'S MAIDEN NAME A. FIRST <b>Dorothy</b>		B. MIDDLE <b>Miller</b>
C. LAST <b>Miller</b>		RELATIONSHIP TO DECEASED <b>Husband</b>		ADDRESS <b>Rt. 1, Box 1044 La Pine, Oregon</b>		CITY AND STATE <b>Oregon</b>		ZIP CODE <b>97739</b>
JURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>Cremation</b>		DATE <b>2/22/89</b>		CEMETERY OR CREMATORY - NAME/LOCATION <b>Greenwood Crematory San Diego, CA</b>		EMBALMER'S SIGNATURE <b>Not Embalmed</b>		CERT. NO. <b>358</b>
FUNERAL HOME <b>Kammann Mortuary 795 W. 28th St. Yuma, Arizona</b>		STREET ADDRESS <b>795 W. 28th St.</b>		CITY AND STATE <b>Yuma, Arizona</b>		FURNERAL DIRECTOR or person acting as such (SIGNATURE) <b>Charles Kammann</b>		CERT. NO. <b>358</b>
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 <b>Dr. Olive Deutscher 2451 S. Ave. 5, Yuma, Arizona</b>		DATE SIGNED (Mo., Day, Year) <b>2-22-89</b>		HOUR OF DEATH <b>3:42a.m.</b>
NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (Type or print)		HOUP OF DEATH <b>3:42a.m.</b>		TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY		AUTHORIZED FOR CREMATION (SPECIFY Yes or No) <b>Yes</b>		MEDICAL EXAMINER'S SIGNATURE <b>Renée Gaudino</b>
A. IMMEDIATE CAUSE (FROM CAUSE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		B. DUE TO OR AS A CONSEQUENCE OF:		C. DUE TO OR AS A CONSEQUENCE OF:		D. DATE REC'D. IN STATE OFFICE <b>MAR 06 1989</b>		APPROX. MATE INTERVAL BETWEEN ONSET AND DEATH <b>2 Wks.</b> <b>10 Yrs.</b>
ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		MANNER OF DEATH <input checked="" 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 DAY YR <b>MO DAY YR</b>		HOUR <b>SS</b>		INJURY AT WORK? (Specify Yes or No) <b>NO</b>
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>SS</b>		WHERE LOCATED? <b>SS</b>		STREET ADDRESS <b>SS</b>		CITY OR TOWN <b>SS</b>		STATE <b>SS</b>

STATE OF ARIZONA

COUNTY OF MARICOPA

DATE ISSUED

This is a true and exact reproduction of the document officially registered and placed on file on the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of ARS 36-301 and by direction of:

TED WILLIAMS, Director  
Department of Health Services  
State Registrar

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

WARNING: It is illegal to alter or counterfeit this copy.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of Donald White  
of April A.D., 19 89 at 2:12 o'clock PM., and duly recorded in Vol. M89  
of deeds on Page 7280

FEE \$8.00

Return: Donald White

Rt. 1, Box 1044, LaPine, Or. 97739

By Evelyn Biehn County Clerk