

CERTIFICATE OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS DEATH NO.

CERTIFICATE OF DEATH

D 102-

NAME OF DECEASED A. FIRST B. MIDDLE C. LAST RODNEY PATRICK MORELAND			SEX Male	DATE OF DEATH MONTH DAY YEAR March 6, 1989
RACE (e.g., white, black, American Indian, (specify tribe), etc.) White			WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO) Yes	
PLACE OF DEATH A. COUNTY Maricopa	B. TOWN OR CITY Phoenix	C. HOSPITAL OR INSTITUTION John C. Lincoln Hospital	D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input checked="" type="checkbox"/> IN PATIENT	
DATE OF BIRTH MONTH DAY YEAR August 5, 1917	AGE (YEARS LAST BIRTHDAY) MO. DAY YR. 71	IF UNDER 1 YEAR HRS. MIN. Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Lucille C. Porta	
STATE AND CITY OF BIRTH (If not in U.S., name country) Rosalia, Washington	COUNTRY OF WHAT COUNTRY? U.S.A.	SOCIAL SECURITY NO. 543-01-8861	USUAL OCCUPATION (Give kind of work done most of working life, even if retired) A. Owner B. Motel	
USUAL RESIDENCE A. STATE Washington	B. COUNTY Thurston	C. TOWN OR CITY Olympia	D. ZIP CODE 98502	E. HOW LONG IN ARIZONA? 1 Month
STREET ADDRESS (If R.F.D., N.W.) 3012 Country Club Rd.			CITY AND STATE Washington	
FATHER'S NAME A. FIRST Jerome			B. MIDDLE R.	
MOTHER'S NAME A. FIRST Marian			B. MIDDLE R.	
INFORMANT'S SIGNATURE Lucille Moreland			RELATIONSHIP TO DECEASED Wife	
DATE 3/7/89			CEMETERY OR CEMETERY NAME/LOCATION Calvary Cemetery, Olympia, WA	
FURNERAL HOME BROWN'S COLONIAL MORTUARY 4141 N. 19th Ave., Phoenix, AZ			EMERALD'S SIGNATURE Ronald R. Brown	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 30. SIGNATURE 31. DATE SIGNED (Mo., Day, Year) 32. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			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. 33. SIGNATURE 34. DATE SIGNED (Mo., Day, Year) 35. PRONOUNCED DEAD (Mo., Day, Year) 36. PRONOUNCED DEAD (Hour) 37. AT	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRULY LAW ENFORCEMENT AUTHORITY Dr. Ross, M.D. 1112 E. McDowell, Phoenix, Arizona			MEDICAL EXAMINER'S SIGNATURE Dr. Ross	
DATE REGISTERED MAR 8 1989			REG. FILE NO. 3697	
A. IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Pneumonia			B. DUE TO OR AS A CONSEQUENCE OF Ischemic Cardiovascularopathy	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			AUTOPSY (Specify Yes or No) No	
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 DAY YR. 52	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 53			WHERE LOCATED? 54	
STREET ADDRESS 55			CITY OR TOWN 56	
STATE 57				

CERTIFIED COPY OF VITAL RECORDS

Mar 29 1989

STATE OF ARIZONA

COUNTY OF MARICOPA

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. 36-141, 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 Crane & Foltyn the 2nd day
of May A.D., 19 89 at 3:17 o'clock P.M., and duly recorded in Vol. M89
of Deeds on Page 7567.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE \$8.00

Return: Crane & Foltyn

296 Main, Klamath Falls, Or. 97601