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## CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA  
Certified Copy of Vital Record

ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH		DEATH NO. <u>D 102- 80-015193</u>	
NAME OF DECEASED <b>HILBERT STANLEY WARNER</b>		SEX <b>2. MALE</b>		DATE OF DEATH <b>3. SEPT. 20, 1980</b>	
RACE (e.g. white, black, American Indian, etc.) <b>4A. WHITE</b>		WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY: <b>B. NO</b>		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. <b>C.</b>	
PLACE OF BIRTH <b>6. MARICOPA</b>		C HOSPITAL OR INSTITUTION <b>MARICOPA COUNTY GENERAL HOSPITAL</b>		IF RESIDENCE, GIVE STREET ADDRESS <b>D. 231 COOL</b>	
DATE OF BIRTH <b>7. JULY 21, 1916</b>		AGE (YEARS, MONTHS, DAYS) <b>BA 64 B</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>9. never married</b>	
STATE OF BIRTH <b>11. MISSOURI</b>		CITIZEN OF WHAT COUNTRY? <b>12. USA</b>		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <b>14A. Boiler Operator</b>	
USUAL RESIDENCE <b>15. Arizona</b>		C TOWN OR CITY <b>Chandler</b>		KIND OF BUSINESS OR INDUSTRY <b>B. Glass Mfg.</b>	
STREET ADDRESS OR R.F.D. <b>15E. Rt 3 Box 11738</b>		HOW LONG IN ARIZONA? <b>16. 10</b>		PREVIOUS STATE OF RESIDENCE <b>17. California</b>	
FATHER'S NAME <b>18. Charles Augustus Warner</b>		MOTHER'S MAIDEN NAME <b>19. Georgia Ann Moran</b>		CITY AND STATE <b>20. Chandler, Arizona</b>	
INFORMANT'S SIGNATURE <b>20. Carrie V. Drain</b>		RELATIONSHIP TO DECEASED <b>21. sister</b>		ADDRESS <b>22. Rt 3 Box 11738 Chandler, Arizona</b>	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) <b>23. cremation</b>		CEMETERY OR CREMATORY - NAME <b>24. Greenwood, Phoenix, Arizona</b>		DATE <b>24. 24/23/80</b>	
FURNERAL HOME <b>25. Bueler Mortuary 14 W. Hulet Dr., Chandler, Arizona</b>		CITY AND STATE <b>26. Chandler, Arizona</b>		DATE <b>26. 27/27/80</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>31. SEPT. 22, 1980</b>		HOUR OF DEATH <b>33. 1:30AM</b>		DATE SIGNED (Mo., Day, Year) <b>35. SEPT. 22, 1980</b>	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) <b>34. JEFF JAFFE M.D., 2601 EAST ROOSEVELT, PHOENIX, ARIZONA</b>		DATE SIGNED (Mo., Day, Year) <b>36. SEPT. 22, 1980</b>		HOUR OF DEATH <b>37. 1:30AM</b>	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN OR MEDICAL EXAMINER (Type or print) <b>40. JEFF JAFFE M.D., 2601 EAST ROOSEVELT, PHOENIX, ARIZONA</b>		DATE SIGNED (Mo., Day, Year) <b>42. SEPT. 22, 1980</b>		HOUR OF DEATH <b>43. 1:30AM</b>	
DATE REGISTERED <b>41. SEP 23 1980</b>		REG. FILE NO. <b>43. 1493</b>		DATE RCVD IN STATE OFFICE <b>45. OCT 24 1980</b>	
A IMMEDIATE CAUSE <b>46. METASTATIC SQUAMOUS CELL CARCINOMA OF THE LUNG</b>		B DUE TO, OR AS A CONSEQUENCE OF		C DUE TO, OR AS A CONSEQUENCE OF	
PART II. OTHER SIGNIFICANT CONDITIONS AND OR ENVIRONMENTAL FACTORS (If adult female was she pregnant within past 90 days?) <b>47. NO</b>		AUTOPSY (Specify yes or no) <b>48. NO</b>		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) <b>49. NO</b>	
MANNER OF DEATH <b>51. ACCIDENT</b>		DATE OF INJURY <b>52. M. 53.</b>		INJURY AT WORK? (Specify yes or no) <b>54. NO</b>	
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY <b>55. HOME</b>		WHERE LOCATED? <b>56. HOME</b>		STREET ADDRESS <b>57. HOME</b>	
CITY OR TOWN <b>58. CHANDLER</b>		STATE <b>59. ARIZONA</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>60. 2 HOURS</b>	
SUPPLEMENTARY ENTRIES <b>61. 161962</b>		DATE ISSUED <b>APR 12 1990</b>		This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:	

TED WILLIAMS, Director  
Department of Health Services  
State RegistrarRENEE GAUDINO  
Assistant State Registrar

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

STATE OF OREGON: COUNTY OF KLAMATH: SS.

Filed for record at request of James A. Warner the 18th day  
of April A.D., 19 90 at 11:39 o'clock A.M., and duly recorded in Vol. M90  
of Deeds on Page 7178Evelyn Biehn  
By Renee Gaudio County Clerk

FEE \$8.00

Return: James A. Warner  
3910 SE 71st, Portland, Or. 97206