

STATE OF ARIZONA

STATE OF ARIZONA

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

CERTIFICATE OF DEATH

D 102-

NAME OF DECEASED HENRY		B. MIDDLE MANUEL		C. LAST STAGNER		SEX MALE	DATE OF DEATH MAY 18, 1989	
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. NO		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO		
PLA. PLACE OF DEATH PIMA	A. COUNTY PIMA	B. TOWN OR CITY TUCSON	C. HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		D. ZIP CODE 85730		E. HOW LONG IN ARIZONA? 12 YRS	
DATE OF BIRTH MAY 2, 1912		AGE (YEARS LAST BIRTHDAY) 77	IF UNDER 1 YEAR MOS. DAYS NO	IF UNDER 1 DAY HRS. MIN. NO	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) ROSE CANNON	
STATE AND CITY OF BIRTH BENTON, MISSOURI		CITIZEN OF WHAT COUNTRY? USA		SOCIAL SECURITY NO. 492-16-5103		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) SAW OPERATOR		KIND OF BUSINESS OR INDUSTRY LUMBER MILL
USUAL RESIDENCE ARIZONA		A. STATE PIMA	B. COUNTY PIMA	C. TOWN OR CITY TUCSON	D. ZIP CODE 85730	E. HOW LONG IN ARIZONA? 12 YRS		F. EDUCATION HIGHEST GRADE COMPLETED 11
STREET ADDRESS OR R.F.D. E. BELLINGHAM DR.		INSIDE CITY LIMITS? (SPECIFY Yes or No) YES		ON RESERVATION (SPECIFY Yes or No) NO		PREVIOUS STATE OF RESIDENCE OREGON		G. ELEMENTARY-SECONDARY (1-12) 11
FATHER'S NAME MANLEY		B. MIDDLE STAGNER		C. LAST STAGNER		MOTHER'S MAIDEN NAME PEARL		H. ZIP CODE 85730
INFORMANT'S SIGNATURE <i>John Stagner</i>		RELATIONSHIP TO DECEASED SON		ADDRESS 7131 E. BELLINGHAM DR. TUCSON, AZ.		CITY AND STATE TUCSON, AZ.		I. ZIP CODE 85730
BURIAL, CREMATION, REMOVAL, OTHER (Specify) CREMATION		DATE 5-23-89		CEMETERY OR CREMATORY - NAME/LOCATION SOUTH LAWN CREMATORY, TUCSON, AZ.		EMBALMER'S SIGNATURE <i>Robert Stagner</i>		J. CERT. NO. 538
FUNERAL HOME ARIZONA MORTUARY		NAME 7 E. UNIVERSITY BLVD.		CITY AND STATE TUCSON, AZ.		FURNERAL DIRECTOR or person acting as such (SIGNATURE) <i>Robert Stagner</i>		K. CERT. NO. 538
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 <i>Andrew Wolfe</i>		31. DATE SIGNED (Mo., Day, Year) 5/19/89		32. HOUR OF DEATH 2227		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ANDREW WOLFE, M.D. 5551 E. HAMPTON TUCSON AZ		40. AUTHORIZED FOR CREMATION: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		41. MEDICAL EXAMINER'S SIGNATURE <i>Andrew Wolfe</i>		42. DATE REC'D. IN STATE OFFICE 5/18/89		43. DATE REGISTERED MAY 22, 1989
44. REGISTRAR'S SIGNATURE <i>Andrew Wolfe</i>		45. REG. DISTRICT 1017		46. DEPUTY Deputy		47. DATE REC'D. IN STATE OFFICE 5/18/89		48. DATE REGISTERED MAY 22, 1989
PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)		A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Respiratory Failure		B. DUE TO OR AS A CONSEQUENCE OF Chronic Obstructive lung Disease		C. DUE TO OR AS A CONSEQUENCE OF Cigarette Smoky		D. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days 10 yrs. 50 yrs
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		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) YES-CREMATION		49. NO		50. YES-CREMATION
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO DAY YR 52		HOUR 53		INJURY AT WORK? (Specify Yes or No) NO		54. DESCRIBE HOW INJURY OCCURRED
51. SUPPLEMENTARY ENTRIES		52. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		53. WHERE LOCATED?		54. STREET ADDRESS		55. CITY OR TOWN
56. STATE		57. STATE		58. STATE		59. STATE		60. STATE

STATE OF ARIZONA
COUNTY OF PIMA

CERTIFIED COPY OF VITAL RECORDS
May 24, 1989

DATE ISSUED

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:

MICHAEL CHECKON
Chief Deputy County Registrar
Pima County Health Department

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

33071

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Rose Stagner the 23rd day of July A.D., 19 90 at 2:13 o'clock P. M., and duly recorded in Vol. M90 of Deeds on Page 14619.

Evelyn Biehn County Clerk

By Rose Stagner

FEE \$8.00

Return: Rose Stagner
7131 E. Bellingham Dr.
Tucson, Az. 85730