

33699

STATE OF ARIZONA

Vol. 91 Page 16956

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

D 102-

NAME OF DECEASED CHARLES EVERETT FRASER-LINDSEY		SEX MALE		DATE OF DEATH MARCH 20, 1991	
RACE (e.g., white, black, American Indian, (specify race) etc.) WHITE		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO			
PLACE OF BIRTH MARICOPA		CITY OR TOWN PHOENIX		HOSPITAL OR INSTITUTION 2425 W. CAMELBACK	
DATE OF BIRTH JANUARY 13, 1966		AGE (YEARS) 25		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED	
STATE AND CITY OF BIRTH LODI, CALIFORNIA		CITIZEN OF WHAT COUNTRY? U.S.A.		SOCIAL SECURITY NO. -569-75-2277	
USUAL RESIDENCE ARIZONA MARICOPA MESA		D. ZIP CODE 85206		HOW LONG IN ARIZONA? 5 Years	
STREET ADDRESS OR R.F.D. 4057 E. DELTA CR.		INSIDE CITY LIMITS? (SPECIFY YES OR NO) YES		ON RESERVATION (SPECIFY YES OR NO) NO	
FATHER'S NAME DONALD BARRY FRASER LINDSEY		MOTHER'S MAIDEN NAME JUDY SUE TERPENING			
INFORMANT'S SIGNATURE JUDY FRASER LINDSEY		RELATIONSHIP TO DECEASED MOTHER		ADDRESS 4057 E. DELTA CIRCLE MESA, AZ. 85206	
BURIAL, CREMATION, REMOVAL, OTHER (SPECIFY) CREMATION		DATE 3-22-91		CEMETERY OR CREMATORY - NAME/LOCATION COLONIAL FUNERARY PHX. AZ.	
FURNERAL HOME APACHE JUNCTION MORTUARY 398 E. 4th AVE. APACHE		CITY AND STATE JCT. AZ.		FURNERAL DIRECTOR OF PERSON ACTING AS SUCH (SIGNATURE) NOT EMBALMED	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE March 20, 1991		DATE SIGNED (MO., Day, Year) March 20, 1991	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) Fred B Walker MD ME 120 S. 6th Ave Phoenix, AZ		HOUR OF DEATH Unknown		PRONOUNCED DEAD (MO., Day, Year) March 20, 1991	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY Fred B Walker MD ME 120 S. 6th Ave Phoenix, AZ		AUTHORIZED FOR CREMATION (SPECIFY) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		DATE REC'D. IN STATE OFFICE APR 9 - 1991	
PART I: 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	
48. Acute ethanol intoxication		DATE OF INJURY 3-20-91		HOUR 2:45A	
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PELOUS INVESTIGATION <input type="checkbox"/> UNDETERMINED		INJURY AT WORK? (Specify Yes or No) No		DESCRIBE HOW INJURY OCCURRED Ran red light; struck another vehicle	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) Street		WHERE LOCATED? 2425 W. Camelback Rd. Phx. Az.		CITY OR TOWN Phx. Az.	
SUPPLEMENTARY ENTRIES					

CERTIFIED COPY OF VITAL RECORDS

Apr 10 1991

STATE OF ARIZONA
COUNTY OF MARICOPA

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

Hani R. Sagh
Hani R. Sagh
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 raised seal of issuing agency

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF OREGON, County of Klamath) ss.

Filed for record at request of Michael L. Brant this 26th day of August, 1991 at 10:10 o'clock A.M., and duly recorded in Volume M 91, of the Official Records of Klamath County, Oregon on Page 16956 -Deeds.

AFTER RECORDING, RETURN TO:
Michael L. Brant
325 Main Street
Klamath Falls OR 97601

EVELYN BIEHN, County Clerk

By: Quentin M. M... ..

Fee \$8.00