CERTIFICATION OF VITAL RECORD

# STATE OF ARIZONA

36029

'91 OCT 15 AM 9 24 Vol. M91 Page 21442

ORIGINAL STATE COPY

## STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
## CERTIFICATE OF DEATH

DEATH NO. D 102-

| | | | |
|---|---|---|---|
| 1 NAME OF DECEASED: A. FIRST ROYCE; B. MIDDLE E.; C. LAST GOULD | 2 SEX: Male | 3 DATE OF DEATH: MONTH January DAY 22 YEAR 1986 | |
| 4A RACE (e.g., white, black, American Indian, etc.) SPECIFY: White | B. WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY: No | C. IF YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. No | 5 WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) No |
| 6 PLACE OF DEATH: A. COUNTY Maricopa | B. TOWN OR CITY Phoenix | C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) Maryvale Samaritan Hospital | D. ☐ DOA ☐ OP EMER ☒ IN PATIENT |
| 7 DATE OF BIRTH: MONTH March DAY 5 YEAR 1917 | 8A AGE (YEARS LAST BIRTHDAY) 68 | IF UNDER 1 YEAR MOS. DAYS B | IF UNDER 1 DAY HRS. MIN. C |
| 9 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married | 10 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Florence Moris | | |
| 11 STATE OF (if not in USA, name country) BIRTH: Texas | 12 CITIZEN OF WHAT COUNTRY? SPECIFY U.S.A. | 13 SOCIAL SECURITY NO. 463-14-5884 | 14A USUAL OCCUPATION (Give kind of work done most of working life, even if retired) Machinist |
| B. KIND OF BUSINESS OR INDUSTRY Aircraft Ind | | | |
| 15 USUAL RESIDENCE: A. STATE Arizona | B. COUNTY Maricopa | C. TOWN OR CITY Phoenix | D. ZIP CODE 85009 |
| 15E STREET ADDRESS OR R.F.D. 1001 N. 43rd. Ave, Sp. A9 | 15F INSIDE CITY LIMITS? (SPECIFY Yes or No) Yes | 15G ON RESERVATION (Specify yes or no) No | 16 HOW LONG IN ARIZONA? YEARS 3 MONTHS DAYS |
| 17 PREVIOUS STATE OF RESIDENCE California | | | |
| 18 FATHER'S NAME: A. FIRST Charles; B. MIDDLE; C. LAST Franklin | 19 MOTHER'S MAIDEN NAME: A. FIRST Mertie; B. MIDDLE Lenora; C. LAST Frazier | | |
| 20 INFORMANT'S SIGNATURE: For Florence Gould | 21 RELATIONSHIP TO DECEASED: wife | 22 ADDRESS: STREET NO. 1001 N. 43rd Ave.; CITY AND STATE Phoenix Arizona; ZIP CODE 85009 | |
| 23 BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial | 24 DATE: 1/25/86 | 25 CEMETERY OR CREMATORY — NAME / LOCATION: Resthaven Park Cemetery, Glendale Az. | 26 EMBALMER'S SIGNATURE: Robt Wasen; CERT NO 27 653 |
| 28 FUNERAL HOME NAME / STREET ADDRESS / CITY AND STATE: Chapel of the Chimes, 7924 N. 59th Avenue, Glendale, Az | 29 FUNERAL DIRECTOR or person acting as such (SIGNATURE): Robt Wasen | CERT NO 30 470 | |

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.

31 SIGNATURE AND TITLE: Alan Dessn, MD

32 DATE SIGNED (Mo., Day, Year): 1/29/86

33 HOUR OF DEATH: 4:03P M.

34 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

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.

35 SIGNATURE AND TITLE

36 DATE SIGNED (Mo., Day, Year)

37 HOUR OF DEATH

38 PRONOUNCED DEAD (Mo., Day, Year) ON

39 PRONOUNCED DEAD (Hour) AT

40 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): ALAN J. DESSEN, MD 5251 W. CAMPBELL PHX. AZ. 85031

41 DATE REGISTERED: JAN 28 1986

42 REG. FILE NO. 1332

43 REGISTRAR'S SIGNATURE

44 REG. DISTRICT 0203

45 DATE RCVD IN STATE OFFICE

CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. PART I

(ENTER ONLY ONE CAUSE ON EACH LINE)

A. IMMEDIATE CAUSE: Ventricular tachyarrhythmia

B. DUE TO, OR AS A CONSEQUENCE OF: Atherosclerotic heart disease.

C. DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female—was she pregnant within past 90 days?): HCVD. COPD.

46 AUTOPSY (Specify yes or no): No

47 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): No

50 MANNER OF DEATH: ☐ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ UNDETERMINED

51 DATE OF INJURY: MO DAY YR

52 HOUR M

53 INJURY AT WORK? (Specify yes or no)

54 DESCRIBE HOW INJURY OCCURRED

55 PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY

56 WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE

57 SUPPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORDS

Jan 28 1986

STATE OF ARIZONA
COUNTY OF MARICOPA ) ss

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. 36-341, and by direction of:

Dean L Benson

DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services

952977

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

MARICOPA COUNTY HEALTH DEPT. PHOENIX ARIZONA

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Chas. M. Geisler the 14th day of Oct. A.D., 19 91 at 9:24 o'clock AM., and duly recorded in Vol. M91 of Deeds on Page 21442.

Evelyn Biehn County Clerk

By Pauline Mullendore

FEE $8.00

Return: Chas. M. Geisler
10451 Palmeras Dr. #102, Sun City, Az. 85373