

2698

STATE OF ARIZONA

Certified Copy of Vital Record

07-12-95P02:55 RCDV

Vol. 1195 Page

18059

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATHDEATH NO. 94-027925
D 102-

| | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|------------------------------------|--|---|--|---|--|--|--|--------------------------|--|---|--|------------------|--|-----------------------------|--|
| ORIGINAL STATE COPY | | NAME OF DECEASED | | A. FIRST | | B. MIDDLE | | C. LAST | | SEX | | DATE OF DEATH | | MONTH | | DAY | | YEAR | |
| | | 1 | | KEITH | | L. | | RICE JR. | | 2 | | 3 | | NOVEMBER | | 24 | | 1994 | |
| RACE (e.g., white, black, American Indian, [specify tribe] etc.) | | 4A | | WHITE | | 4B | | NO | | IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. | | 5 | | NO | | 6 | | 7 | |
| PLACE OF DEATH | | A. COUNTY | | B. TOWN OR CITY | | C. HOSPITAL OR CLINIC (IF RESIDENCE, GIVE STREET ADDRESS) | | D. ZIP CODE | | E. DOA | | F. IN PATIENT | | G. IN PATIENT | | H. IN PATIENT | | I. IN PATIENT | |
| 5 | | PINAL | | APACHE JUNCTION | | 1901 W. WINDSONG ST. | | 197601 | | 1 | | 2 | | 3 | | 4 | | 5 | |
| DATE OF BIRTH | | MONTH | | DAY | | YEAR | | AGE (YEARS LAST BIRTHDAY) | | IF UNDER 1 YEAR NOS. DAYS | | IF UNDER 1 DAY HRS. MIN. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE | | (IF WIFE, GIVE MAIDEN NAME) | |
| 7 | | SEPTEMBER | | 24 | | 1925 | | 69 | | 3 | | 4 | | 5 | | 6 | | 7 | |
| STATE AND CITY OF BIRTH | | CITIZEN OF WHAT COUNTRY | | SPECIFY | | SOCIAL SECURITY NO. | | USUAL OCCUPATION (Give kind of work done most of working life, even if retired) | | KIND OF BUSINESS OR INDUSTRY | | 14A | | 14B | | 14C | | 14D | |
| 11 | | UMAHA, NE. | | USA | | 544-22-2805 | | SUPERVISOR | | LUMBER | | 1 | | 2 | | 3 | | 4 | |
| USUAL RESIDENCE | | A. STATE | | B. COUNTY | | C. TOWN OR CITY | | D. ZIP CODE | | HOW LONG IN ARIZONA? | | EDUCATION | | HIGHEST GRADE COMPLETED | | 17 | | 18 | |
| 15 | | OREGON | | KLAMATH | | KLAMATH FALLS | | 197601 | | 1 YEAR | | 17 | | 18 | | 19 | | 20 | |
| STREET ADDRESS OR R.F.D. | | INSIDE CITY LIMITS? (Specify Yes or No) | | ON RESERVATION (Specify Yes or No) | | PREVIOUS STATE OF RESIDENCE (Specify Yes or No) | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | |
| 15E | | 7569 BALSAM DR. | | NO | | NO | | NO | | 17 | | 18 | | 19 | | 20 | | 21 | |
| FATHER'S NAME | | A. FIRST | | B. MIDDLE | | C. LAST | | MOTHER'S MAIDEN NAME | | A. FIRST | | B. MIDDLE | | C. LAST | | 22 | | 23 | |
| 19 | | KEITH | | L. | | RICE SR. | | EMMA | | GORSECH | | 24 | | 25 | | 26 | | 27 | |
| INFORMANT'S SIGNATURE | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | |
| 21 | | JEAN RICE | | WIFE | | 1901 W. WINDSONG | | APACHE JCT, AZ. | | 85220 | | 27A | | 27B | | 27C | | 27D | |
| 24 | | REMOVAL | | 11-29-94 | | MOUNT LAKI CEMETERY | | 27A | | 27B | | 27C | | 27D | | 27E | | 27F | |
| 28 | | APACHE JUNCTION MORTUARY | | 398 E. 14TH AVE. | | APACHE JCT, AZ. | | 27A | | 27B | | 27C | | 27D | | 27E | | 27F | |
| TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY | | 30 | | 31 | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | |
| 30 | | SIGNATURE AND TITLE | | 31 | | DATE SIGNED (Mo., Day, Year) | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | |
| 31 | | 11/28/94 | | 2:00 A.M. | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | |
| 33 | | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type of print) | | 34 | | 35 | | 36 | | 37 | | 38 | | 39 | | 40 | | 41 | |
| NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY | | 42 | | 43 | | 44 | | 45 | | 46 | | 47 | | 48 | | 49 | | 50 | |
| 42 | | F.P. BOSCH, M.D. | | 13400 E. SHEA | | SCOTTSDALE, AZ. | | 43 | | 44 | | 45 | | 46 | | 47 | | 48 | |
| DATE REGISTERED | | REG. FILE NO. | | REGISTRAR'S SIGNATURE | | REG. DISTRICT | | DATE RECD. IN STATE OFFICE | | 49 | | 50 | | 51 | | 52 | | 53 | |
| 42 | | 11-28-94 | | 101 | | KAREN J. CLARK | | 45 | | 46 | | 47 | | 48 | | 49 | | 50 | |
| 47 | | A. IMMEDIATE CAUSE (FINAL DISEASE OR COMBINATION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) | | 48 | | 49 | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | |
| 48 | | Respiratory Failure | | 49 | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | |
| 49 | | B. DUE TO OR AS A CONSEQUENCE OF | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | |
| 50 | | Amyotrophic Lateral Sclerosis | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | |
| 51 | | C. DUE TO OR AS A CONSEQUENCE OF | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | |
| 52 | | PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | |
| 53 | | MANNER OF DEATH | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | |
| 54 | | NATURAL CAUSES | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | |
| 55 | | ACCIDENT | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | |
| 56 | | SUICIDE | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | |
| 57 | | DATE OF INJURY | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | |
| 58 | | MO | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | |
| 59 | | DAY | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | |
| 60 | | YEAR | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | |
| 61 | | HOUR | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | | 69 | |
| 62 | | INJURY AT WORK? (Specify Yes or No) | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | | 69 | | 70 | |
| 63 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | |
| 64 | | PLACE OF INJURY (At home, farm, street, factory, office building, etc.) | | 65 | | 66 | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | |
| 65 | | WHERE LOCATED? | | 66 | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | |
| 66 | | STREET ADDRESS | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | |
| 67 | | CITY OR TOWN | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | |
| 68 | | STATE | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | | 76 | |
| 69 | | SUPPLEMENTARY ENTRIES | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | | 76 | | 77 | |
| 70 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | |

DATE ISSUED

DEC 02 1994

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Renee Gaudino
RENEE GAUDINO
Assistant State Registrar

1438582

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STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Jean Rice the 12th day of July A.D. 19 95 at 2:55 o'clock P M., and duly recorded in Vol. 1195 day of Deeds on Page 18059

Bernetha G. Letsch
By Speth Clarity County Clerk

FEE

\$10.00

Jean Rice
P.O. Box 583, K Falls