CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

21126

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ORIGINAL '96 JUL 10 P2:17 STATE OF ARIZONA
STATE COPY '96 JUL 10 P2:17 DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS

AKA

CERTIFICATE OF DEATH

DEATH NO. D 102-

DECEDENT

1. NAME OF DECEASED: A. FIRST: ALICE	B. MIDDLE: L.	C. LAST: TISHNER	2. SEX: FEMALE	3. DATE OF DEATH: APRIL 9, 1992	
4A. RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: WHITE	B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO): NO	C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO		
6. PLACE OF DEATH: A. COUNTY: YUMA	B. TOWN OR CITY: YUMA	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): HILLHAVEN HEALTH CARE CENTER	D. ☐ DOA ☐ OP EMER. ☒ IN PATIENT		
7. DATE OF BIRTH: APRIL 6, 1919	8A. AGE (YEARS LAST BIRTHDAY): 73	B. IF UNDER 1 YEAR MOS. DAYS	C. IF UNDER 1 DAY HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): JOHN E. TISHNER
11. STATE AND CITY OF BIRTH (If not in USA, name country): NEBRESKA, GRAFTON	12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	13. SOCIAL SECURITY NO.: 555-38-8367	14A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NURSE	B. KIND OF BUSINESS OR INDUSTRY: HEALTH CARE	
15. USUAL RESIDENCE A. STATE: CALIFORNIA	B. COUNTY: TEHAMA	C. TOWN OR CITY: CORNING	D. ZIP CODE: 96021	16. HOW LONG IN ARIZONA? 5-MONTHS	17. EDUCATION HIGHEST GRADE COMPLETED: ELEMENTARY-SECONDARY (0-12): A; COLLEGE (1-4 or 5+): 2+ B
STREET ADDRESS OR R.F.D.: 453 DEL NORTE	15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): YES	15G. ON RESERVATION (SPECIFY Yes or No): NO	18. PREVIOUS STATE OF RESIDENCE		

PARENTS

19. FATHER'S NAME: A. FIRST: GEORGE	B. MIDDLE:	C. LAST: CASTON	20. MOTHER'S MAIDEN NAME: A. FIRST: MAUDE	B. MIDDLE:	C. LAST: HOOKER

DISPOSITION

21. INFORMANT'S SIGNATURE: ▶ JOHN E. TISHNER BY:	RELATIONSHIP TO DECEASED: HUSBAND	23. ADDRESS: STREET NO: 453 DEL NORTE	CITY AND STATE: CORNING, CALIFORNIA	ZIP CODE: 96021
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION	DATE: 4-10-92	CEMETERY OR CREMATORY - NAME/LOCATION: RYZEK YUMA MORT./CREM. YUMA, AZ.	27A. EMBALMER'S SIGNATURE: ▶ NOT EMBALMED	CERT NO. B
FUNERAL HOME NAME: RYZEK YUMA MORTUARY	STREET ADDRESS: 551 W.16TH. ST.	CITY AND STATE: YUMA, ARIZONA 85366	28A. FUNERAL DIRECTOR or person acting as such (SIGNATURE): ▶ JOHN T. RYZEK	CERT NO. 399

CERTIFIER

To be completed by CERTIFYING PHYSICIAN ONLY:
30. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
SIGNATURE AND TITLE ▶
31. DATE SIGNED (Mo., Day, Year): 9 April 1992
32. HOUR OF DEATH: 21:45 P.M.
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:
34. 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
SIGNATURE AND TITLE ▶
35. DATE SIGNED (Mo., Day, Year)
36. HOUR OF DEATH
37. PRONOUNCED DEAD (Mo., Day, Year) ON
38. PRONOUNCED DEAD (Hour) AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): 39. DR. INJEIAN ABRAHAM 475 W.16 ST. YUMA, AZ
40. AUTHORIZED FOR CREMATION (SPECIFY): ☒ Yes ☐ No
41. MEDICAL EXAMINER'S SIGNATURE:
DATE REGISTERED: 4-14-92
REG. FILE NO.: 326
REGISTRAR'S SIGNATURE: ▶ Donna Cox Deputy
REG. DISTRICT: 1402
DATE REC'D IN STATE OFFICE

CAUSE OF DEATH

47. (SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE, INJURY, OR COMPLICATION) THAT GAVE RISE TO EVENTS RESULTING IN DEATH) PART I
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) ENTER ONLY ONE CAUSE ON EACH LINE: Pulmonary Embolism
B. DUE TO OR AS A CONSEQUENCE OF: C.O.P.D.
C. DUE TO OR AS A CONSEQUENCE OF:
Minutes / Years — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
48. AUTOPSY (Specify Yes or No): NO
49. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES

MEDICAL EXAMINER

50. MANNER OF DEATH: ☒ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
51. DATE OF INJURY: MO DAY YR HOUR
52. INJURY AT WORK? (Specify Yes or No):
53. DESCRIBE HOW INJURY OCCURRED:
54. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
55. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE

FOR STATE REGISTRAR USE

56. SUPPLEMENTARY ENTRIES:

TRIBAL LAW ENFORCEMENT ONLY

REV. 1-89)

DATE ISSUED APR 14 1992

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:

DAVID BROOKS, Director
County Registrar
ARIZONA

FC05626

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

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 10th day of July A.D., 19 96 at 2:17 o'clock PM., and duly recorded in Vol. M96 of Deeds on Page 20484.

Bernetha G. Letsch, County Clerk

By

FEE $10.00 Return: John Tishner
20309 Coral Circle
Hilmar, California 95324