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STATE OF ARIZONA

Certified Copy of Vital Record

'97 JUN -5 AM 11:43

AFTER RECORDING:
RETURN TO: WILMER MCKUNE
3535 LOMA VISTA
FLAGSTAFF, AZ 86004

ORIGINAL STATE COPY

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

DEATH NO. D 102-

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
	CORWIN	W.	MCKUNE	2. Male	3. August 23, 1984

RACE (e.g., white, black, American Indian, etc.) SPECIFY	WAS DECEDENT OF SPANISH ORIGIN? (YES, NO) SPECIFY	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
4A. White	4B. No	4C.	5.

PLACE OF DEATH	A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D. ☐ DOA ☐ OP EMER ☐ IN PATIENT
6.	Yavapai	Camp Verde	Residence, Newton Lane	

DATE OF BIRTH (MONTH DAY YEAR)	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
7. March 9, 1907	8A. 77	B.	C.	9. Married	10. Ruth Smith

STATE OF (if not in USA, name country) 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
11. California	12. USA	13. 542 01 9414A	14A. Self Employed	14B. Locksmith

USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE
15. Arizona	Yavapai	Camp Verde	86322

STREET ADDRESS OR R.F.D.	INSIDE CITY LIMITS? (SPECIFY Yes or No)	ON RESERVATION (Specify yes or no)	HOW LONG IN ARIZONA? YEARS	MONTHS	DAYS	PREVIOUS STATE OF RESIDENCE
15E. HC 75 Box 1050	15F. No	15G. No	16.	6		17. Oregon

FATHER'S NAME A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME A. FIRST	B. MIDDLE	C. LAST
18. Guy		McKune	19. Lola		Reid

INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS: STREET NO. CITY AND STATE ZIP CODE
20. Wilmer C. McKune	21. Son	22. 3535 Loma Vista, Flagstaff, Arizona 86001

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY — NAME / LOCATION	EMBALMER'S SIGNATURE	CERT. NO.
23. Burial	24. Aug. 25 1984	25. Clear Creek, Camp Verde, Arizona		27. 604

FUNERAL HOME NAME STREET ADDRESS CITY AND STATE	FUNERAL DIRECTOR or person acting as such (SIGNATURE)	CERT. NO.
28. Hepler Funeral Home, Camp Verde, Arizona 86322	29.	30. 419

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.
SIGNATURE AND TITLE 31. Joel Futral
DATE SIGNED (Mo., Day, Year) 32. 8-23-84
HOUR OF DEATH 33. 8:15 A.m.
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34.

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 AND 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) 38. ON
PRONOUNCED DEAD (Hour) 39. AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print)
40. Joel Futral, M.D., Cottonwood, Arizona 86326

DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE RCVD IN STATE OFFICE
41. Aug 28 1984	42. 190	43. H. Jane Thompson	44. 1321	45. AUG 29 1984

PART I. CONDITIONS IF ANY WHICH GAVE RISE TO THE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST. (ENTER ONLY ONE CAUSE ON EACH LINE)

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
46. A. IMMEDIATE CAUSE	CARDIAC ARREST	
B. DUE TO, OR AS A CONSEQUENCE OF:	ARRYTHMIA	
C. DUE TO, OR AS A CONSEQUENCE OF:	KNOWN SEVERE CORONARY ARTERY DISEASE	

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female-was she pregnant within past 90 days?) 47.

AUTOPSY (Specify yes or no)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no)
48. No	49. No

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

DATE OF INJURY MO. DAY YR.	HOUR	INJURY AT WORK? (Specify yes or no)	DESCRIBE HOW INJURY OCCURRED
51.	52. M.	53.	54.

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED? STREET ADDRESS	CITY OR TOWN	STATE
55.	56.		

SUPPLEMENTARY ENTRIES
57.

STATE OF ARIZONA } ss
COUNTY OF MARICOPA }

DATE ISSUED AUG 31 1984

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:

LLOYD F. NOVICK, M.D., Director
Arizona Department of Health Services
State Registrar

Alfonso Bravo
ALFONSO BRAVO
Assistant State Registrar

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STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Amerititle the 5th day of June A.D., 19 97 at 11:43 o'clock A. M., and duly recorded in Vol. M97 of Deeds on Page 17219.

Bernetha G. Letsch, County Clerk

FEE $10.00

By Kathleen Ross