42936 STATE OF ARIZONA

Certified Copy of Vital Record Vol M97 Page 25634

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

ORIGINAL STATE COPY

DEATH NO. D 102- 97-002645

NAME OF DECEASED: A. FIRST: DANIEL	B. MIDDLE: N.	C. LAST: SWEENEY	SEX: Male	DATE OF DEATH: MONTH DAY YEAR: January 13, 1997
RACE (e.g., white, black, American Indian, [specify tribal etc.]) SPECIFY: White	WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO): No	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.: -	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes	
PLACE OF DEATH: A. COUNTY: Maricopa	B. TOWN OR CITY: Chandler	C. HOSPITAL OR OTHER INSTITUTION: Chandler Regional Hospital	D. ☐ DOA ☐ OP EMER. ☑ IN PATIENT	
DATE OF BIRTH: MONTH DAY YEAR: August 1, 1909	AGE (LAST BIRTHDAY): 87	IF UNDER 1 YEAR: MOS. DAYS	IF UNDER 1 DAY: HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Marjorie Fawcett				
STATE AND CITY OF BIRTH (If not in USA, name country): Mankato, Kansas	CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	SOCIAL SECURITY NO.: 553-10-3770	USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Salesman	KIND OF BUSINESS OR INDUSTRY: Insurance
USUAL RESIDENCE: A. STATE: Arizona	B. COUNTY: Maricopa	C. TOWN OR CITY: Sun Lakes	D. ZIP CODE: 85248	HOW LONG IN ARIZONA? 10 yrs
STREET ADDRESS OR R.F.D.: 26634 S. Pima Pl.	INSIDE CITY LIMITS? (SPECIFY Yes or No): No	ON RESERVATION (SPECIFY Yes or No): No	WHERE BORN (STATE OR FOREIGN COUNTRY): Oregon	EDUCATION — HIGHEST GRADE COMPLETED: ELEMENTARY-SECONDARY (0-12): 12; COLLEGE (1-4 or 5+):
FATHER'S NAME: A. FIRST: Charles	B. MIDDLE: C.	C. LAST: Sweeney	MOTHER'S MAIDEN NAME: FIRST: Elizabeth	B. MIDDLE:	C. LAST: Gadlock
INFORMANT'S SIGNATURE: Marjorie Sweeney	RELATIONSHIP TO DECEDENT: Wife	ADDRESS — STREET NO.: 26634 S. Pima Pl.	CITY AND STATE: Sun Lakes, Arizona	ZIP CODE: 85248
BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation	DATE: 1/15/97	CEMETERY OR CREMATORY: Paradise Memorial Crematory	CITY AND STATE: Scottsdale, Arizona	EMBALMER'S SIGNATURE: Not embalmed	CERT. NO.
FUNERAL HOME NAME: BUELER MORTUARY 14	STREET ADDRESS: Hulet Dr.,	CITY AND STATE: Chandler, Arizona 85224	FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE): Todd Bueler	CERT. NO.: 501

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.

30. SIGNATURE AND TITLE:

DATE SIGNED (Mo., Day, Yr.): 1/22/97

HOUR OF DEATH: 9:45 AM

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 AND DUE TO THE CAUSE(S) AND MANNER STATED.

SIGNATURE AND TITLE:

DATE SIGNED (Mo., Day, Yr.):

HOUR OF DEATH:

PRONOUNCED DEAD (Mo., Day, Yr.):

PRONOUNCED DEAD (Hour):

AT:

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): Nicholas Porter MD 312 N. Alma School Rd., Chandler, AZ

AUTHORIZED FOR CREMATION? (Specify): XX Yes ☐ No

MEDICAL EXAMINER'S SIGNATURE: John H Dillenud MD

DATE RECD. BY STATE REGISTRAR: MAR 17 1997

DATE CERTIFIED: 2 2 1997

REG. FEE PAID:

REGISTRAR'S SIGNATURE:

REG. DISTRICT: 0704

PART I. DEFINITIVELY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE):	Pneumonia	5 yrs -
B. DUE TO, OR AS A CONSEQUENCE OF:	Chronic Obstructive Pulmonary Disease	
C. DUE TO, OR AS A CONSEQUENCE OF:		

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

AUTOPSY (Specify Yes or No): NO	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): YES		
MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED	DATE OF INJURY (MO DAY YR):	INJURY AT WORK? (Specify Yes or No):	DESCRIBE HOW INJURY OCCURRED:
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:		LOCALITY: STREET ADDRESS	CITY OR TOWN	STATE

SUPPLEMENTARY ENTRIES:

DATE ISSUED: APR 3 1997

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:

Renée Gaudino
RENÉE GAUDINO
Assistant State Registrar

1809412

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

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES

97 AUG -6 AM 11:45

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of _____ the 6th day of August A.D., 19 97 at 11:45 o'clock A. M., and duly recorded in Vol. M97, of Deeds on Page 25634.

Bernetha G. Letsch, County Clerk

FEE $10.00

Return: Burrows, Hull & Browne
236 N.W. E Street
Grants Pass, OR 97526

By Kathleen Rossi