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~~Hanover, NM--88041~~

uty.

My commission expires MAY 19, 2003

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

15418

ORIGINAL
STATE
COPY

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

DEATH NO.
D 102-

On-File

NAME OF DECEASED 1. DONALD DAVID LITCHFIELD			SEX 2. MALE	DATE OF DEATH 3. MAY 6, 2000		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) 4A. WHITE			WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B. NO			IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C.
PLACE OF DEATH 5. MARICOPA			C. HOSPITAL OR "INSTITUTION" (IF RESIDENCE, GIVE STREET ADDRESS) 6209 E. MCKELLIPS #457			D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT
DATE OF BIRTH 7. MARCH 28, 1928			AGE (YEARS LAST BIRTHDAY) 8A. 72	IF UNDER 1 YEAR MOS. DAYS B. 	IF UNDER 1 DAY HRS. MIN. C. 	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. MARRIED
STATE AND CITY OF BIRTH (if not in USA, name country) 11. MINNESOTA, MINNEAPOLIS			CITIZEN OF WHAT COUNTRY? 12. U.S.A.			SOCIAL SECURITY NO. 13. 475-22-1526
USUAL RESIDENCE 15. ARIZONA MARICOPA MESA			D. ZIP CODE 85215			HOW LONG IN ARIZONA? 16. 8 YEARS
STREET ADDRESS OR R.F.D. 15E. 6209 E. MCKELLIPS #457			INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES			ON RESERVATION (SPECIFY Yes or No) 15G. NO
FATHER'S NAME 19. ELMER LITCHFIELD			MOTHER'S MAIDEN NAME 20. ALMIRA CLENDENING			EDUCATION HIGHEST GRADE COMPLETED 17. ELEMENTARY-SECONDARY (0-12)
INFORMANT'S SIGNATURE 21. ENEZ LITCHFIELD			RELATIONSHIP TO DECEASED 22. WIFE			ADDRESS 23. 6209 E. MCKELLIPS #457 MESA, ARIZONA
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. CREMATION			DATE 25. MAY 15, 2000			CERT. NO. 26. 2554
FUNERAL HOME 28. AARON CREMATION & BURIAL SERVICES			CEMETERY OR CREMATORY - NAME/LOCATION 25. DECA CREMATORY/PHOENIX, ARIZONA			27A. REFRIGERATED
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type and print) 39. MICHAEL WADE, MD. 334 W. 10th Place MESA, ARIZONA			AUTHORIZED FOR CREMATION (Specify) 40. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			MEDICAL EXAMINER'S SIGNATURE 41. Michael Wade, M.D.
DATE REGISTERED 42. MAY 19 2000			REG. FILE NO. 43. 9863			REG. DISTRICT 45. 0705
47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH). Acute Myocardial Infarction			A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Acute Myocardial Infarction			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 min
B. DUE TO OR AS A CONSEQUENCE OF: Congestive heart failure			C. DUE TO OR AS A CONSEQUENCE OF: Coronary Arterial disease			5 years
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I Coronary Arterial disease			AUTOPSY (Specify Yes or No) 49. NO			WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50. YES
MANNER OF DEATH 51. <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			DATE OF INJURY 52. MAY 6, 2000			INJURY AT WORK? (Specify Yes or No) 54. NO
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 56. 			WHERE LOCATED? 57. 			STREET ADDRESS
CITY OR TOWN 			STATE 			

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF MARICOPA } SS

DATE ISSUED

May 23, 2000

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:

Jonathan B. Weisbach, M.D.
County Registrar
Director, Maricopa County Department of Public Health Services
of Public Health Services

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE