CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

ORIGINAL STATE COPY

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

DEATH NO.

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	DATE OF DEATH MONTH DAY YEAR
	MAUREEN	H.	GREEN	2. FEMALE	SEPTEMBER 08 1997

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

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. MARICOPA	MESA	DESERT SAMARITAN HOSPITAL	

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)
AUGUST 03 1917	8A. 80	B.	C.	9. WIDOWED	10.

STATE AND CITY OF BIRTH (if not in USA, name country)	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. QUANAH, TEXAS	12. U.S.A.	562-09-4284	14A. SALES	B. REAL ESTATE

USUAL RESIDENCE A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE	HOW LONG IN ARIZONA?	EDUCATION HIGHEST GRADE COMPLETED
15. ARIZONA	MARICOPA	TEMPE	85281	16. 17 YEARS	17.

STREET ADDRESS OR R.F.D.	INSIDE CITY LIMITS? (SPECIFY Yes or No)	ON RESERVATION (SPECIFY Yes or No)	PREVIOUS STATE OF RESIDENCE	ELEMENTARY-SECONDARY (0-12)	COLLEGE (1-4 or 5 +)
15E 1735 S. CUTLER #4E	15F. YES	15G. NO	18. CALIFORNIA	A. 12	B.

FATHER'S NAME A. FIRST	B. MIDDLE	C. LAST	MOTHER'S MAIDEN NAME A. FIRST	B. MIDDLE	C. LAST
JOHN	MEADIE	HAMMACK	CARRIE		BAKER

INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS STREET NO.	CITY AND STATE	ZIP CODE
21. ▶ Jeanne Welch LESLIE GREEN STALLCOP	22. DAUGHTER	23. 13842 S. 36TH PLACE	PHOENIX, AZ	85044

BURIAL, CREMATION, REMOVAL, OTHER (Specify)	DATE	CEMETERY OR CREMATORY - NAME/LOCATION	EMBALMER'S SIGNATURE	CERT. NO.
24. CREMATION	25. 9/11/97	26. MISSION CREMATORY, MESA, AZ	27A. ▶ NOT EMBALMED	B.

FUNERAL HOME NAME	STREET ADDRESS	CITY AND STATE	FUNERAL DIRECTOR or person acting as such (SIGNATURE)	CERT. NO.
28. LAKESHORE MORTUARY	1815 S. DOBSON RD	MESA, AZ 85202	29A. ▶ David Lane	649

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 ▶ Paul Barnard MD

DATE SIGNED (Mo., Day, Year) 31. SEPTEMBER 10, 1997

HOUR OF DEATH 32. 7:32 P.M.

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33.

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 DUE TO THE CAUSE(S) AND MANNER STATED.

34. SIGNATURE AND TITLE ▶

DATE SIGNED (Mo., Day, Year) 35.

HOUR OF DEATH 36.

PRONOUNCED DEAD (Mo., Day, Year) 37. ON

PRONOUNCED DEAD (Hour) 38. AT

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 39. PAUL BARNARD, M.D. 1520 S. DOBSON MESA, AZ

AUTHORIZED FOR CREMATION (SPECIFY) 40. ☒ Yes ☐ No

MEDICAL EXAMINER'S SIGNATURE: 41. Susan R. Comfort, MD

DATE REGISTERED	REG. FILE NO.	REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE REC'D. IN STATE OFFICE
SEP 17 1997	15787	44. ▶ Donald L Bazzell Deputy	0705	46.

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

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE)	Cardiac tumor	months
B. DUE TO OR AS A CONSEQUENCE OF:		
C. DUE TO OR AS A CONSEQUENCE OF:		

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)	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No)
49. NO	50. YES

MANNER OF DEATH	DATE OF INJURY MO DAY YR	HOUR	INJURY AT WORK? (Specify Yes or No)	DESCRIBE HOW INJURY OCCURRED
☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED 51.	52.	53. M	54.	55.

PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	WHERE LOCATED? STREET ADDRESS	CITY OR TOWN	STATE
56.	57		

SUPPLEMENTARY ENTRIES 58.

FOR GOVERNMENT USE ONLY

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF MARICOPA } SS

DATE ISSUED September 23, 1997

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

2847026

MARICOPA COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES 1871

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MIDWEST BANK NOTE COMPANY

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