# 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. D 102-

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. NAME OF DECEASED: AKA A. FIRST SEYMOUR B. MIDDLE C. LAST EPSTEIN / SIMON EPSTEIN | 2. SEX: MALE | 3. DATE OF DEATH: MONTH JANUARY DAY 31 YEAR 2004 | | | | | |
| 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): YES | | | | |
| 6. PLACE OF DEATH A. COUNTY: YAVAPAI | B. TOWN OR CITY: PRESCOTT VALLEY | C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): PRESCOTT VALLEY SAMARITAN CENTER | D. ☐ DOA ☐ OP EMER. XX IN PATIENT | | | | |
| 7. DATE OF BIRTH MONTH NOVEMBER DAY 7 YEAR 1920 | 8A. AGE (YEARS LAST BIRTHDAY): 83 | B. IF UNDER 1 YEAR MOS. DAYS | C. IF UNDER 1 DAY HRS. MIN | 9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED | 10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | | |
| 11. STATE AND CITY OF BIRTH (If not in USA, name country): ILLINOIS CHICAGO | 12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A. | 13. SOCIAL SECURITY NO: 322 14 1666 | 14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): SHEET METAL WORKER | B. KIND OF BUSINESS OR INDUSTRY: SHEET METAL | | | |
| 15. USUAL RESIDENCE A. STATE: ARIZONA | B. COUNTY: YAVAPAI | C. TOWN OR CITY: PRESCOTT VALLEY | D. ZIP CODE: 86314 | 16. HOW LONG IN ARIZONA? 28 YEARS | 17. EDUCATION HIGHEST GRADE COMPLETED | | |
| 15E. STREET ADDRESS OF R.F.D.: 3380 NORTH WINDSONG | 15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): YES | 15G. ON RESERVATION (SPECIFY Yes or No): NO | 18. PREVIOUS STATE OF RESIDENCE: CALIFORNIA | ELEMENTARY-SECONDARY (0-12) A. | COLLEGE (1-4 or 5 +) B. 2 | | |
| 19. FATHER'S NAME A. FIRST: MAX B. MIDDLE C. LAST: EPSTEIN | 20. MOTHER'S MAIDEN NAME A. FIRST: ANNIE B. MIDDLE C. LAST: RABKIN | | | | | | |
| 21. INFORMANT'S SIGNATURE: Kilie Molyneux ▶ KAYLA EPSTEIN | RELATIONSHIP TO DECEASED: 22. RELATIVE | ADDRESS 23. STREET NO.: 4801 KENAI AVENUE | CITY AND STATE: ANCHORAGE, ALASKA | ZIP CODE: 99508 | | | |
| BURIAL, CREMATION, REMOVAL, OTHER (Specify): 24. REMOVAL/BURIAL | DATE 25. FEBRUARY 6, 2004 | CEMETERY OR CREMATORY - NAME/LOCATION 26. NATIONAL MEMORIAL CEMETERY OF ARIZONA PHOENIX, ARIZONA | EMBALMER'S SIGNATURE 27A. ▶ NOT EMBALMED | CERT. NO. B. | | | |
| FUNERAL HOME NAME / STREET ADDRESS / CITY AND STATE: 28. ARIZONA WAKELIN BRADSHAW, 8480 EAST VALLEY ROAD, PRESCOTT VALLEY, AZ 86314 | FUNERAL DIRECTOR (or person acting as such) (SIGNATURE): 29A. ▶ GARY A. GRAVELINE, SR. | CERT. NO. B. 0939 | | | | | |

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 ▶ Sam W. Downing MD

DATE SIGNED (Mo., Day, Year): 31. FEBRUARY 2, 2004 HOUR OF DEATH: 32. 0635

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. SAM W. DOWNING, MD, 215 NORTH MCCORMICK, PRESCOTT, ARIZONA 86301

AUTHORIZED FOR CREMATION (SPECIFY): 40. Yes No MEDICAL EXAMINER'S SIGNATURE: 41.

DATE REGISTERED: 42. 2/5/04 REG. FILE NO: 43. 171 REGISTRAR'S SIGNATURE: 44. Marcia M. Jacobson REG. DISTRICT: 45. 135 DATE REC'D IN STATE OFFICE: 46.

47. PART I. SEQUENTIALLY 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): respiration pneumonia — WEEKS

B. DUE TO OR AS A CONSEQUENCE OF: Cerebrovascular accident

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

| MANNER OF DEATH | DATE OF INJURY (MO. / DAY / YR / HOUR) | INJURY AT WORK? (Specify Yes or No) | DESCRIBE HOW INJURY OCCURRED |
|---|---|---|---|
| 51. ☐ NATURAL CAUSES ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED | 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. | | |

SUPPLEMENTAL ENTRIES: 58. MORTUARY CORRECTED BOXES 1 & 14A. 2-5-2004 gf



## CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss
COUNTY OF YAVAPAI }

DATE ISSUED FEB 06 2004

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:

Marcia M. Jacobson

MARCIA MORAN JACOBSON
YAVAPAI COUNTY REGISTRAR
YAVAPAI COUNTY HEALTH DEPARTMENT

152164

YAVAPAI COUNTY 1865 ARIZONA

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