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 SIMON	A FIRST: SEYMOUR	B MIDDLE	C LAST: EPSTEIN	2 SEX: MALE	3 DATE OF DEATH: JANUARY 31 2004
4A RACE (e.g., white, black, American Indian (specify tribe) etc.): WHITE	4B WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): NO	4C IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC	5 WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): YES		
6A PLACE OF DEATH: COUNTY: YAVAPAI	6B TOWN OR CITY: PRESCOTT VALLEY	6C HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): PRESCOTT VALLEY SAMARITAN CENTER	6D ☐ DOA ☐ OP EMER ☒ IN PATIENT		
7 DATE OF BIRTH: NOVEMBER 7 1920	8A AGE (YEARS LAST BIRTHDAY): 83	8B IF UNDER 1 YEAR: MOS DAYS	8C 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: [redacted]	14A USUAL OCCUPATION (Give kind of work done most of working life, even if retired): SHEET METAL WORKER	14B KIND OF BUSINESS OR INDUSTRY: SHEET METAL	
15A USUAL RESIDENCE: STATE: ARIZONA	15B COUNTY: YAVAPAI	15C TOWN OR CITY: PRESCOTT VALLEY	15D 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: Kayla Epstein ▶ KAYLA EPSTEIN	22 RELATIONSHIP TO DECEASED: RELATIVE	23 ADDRESS: STREET NO: 4801 KENAI AVENUE	CITY AND STATE: ANCHORAGE, ALASKA	ZIP CODE: 99508	
24 BURIAL, CREMATION, REMOVAL, OTHER (Specify): REMOVAL/BURIAL	25 DATE: FEBRUARY 6, 2004	26 CEMETERY OR CREMATORY - NAME-LOCATION: NATIONAL MEMORIAL CEMETERY OF ARIZONA PHOENIX, ARIZONA	27A EMBALMER'S SIGNATURE ▶ NOT EMBALMED	27B CERT NO	
28 FUNERAL HOME: NAME: ARIZONA WAKELIN BRADSHAW	STREET ADDRESS: 8480 EAST VALLEY ROAD	CITY AND STATE: PRESCOTT VALLEY, AZ 86314	29A FUNERAL DIRECTOR: Gary A. Graveline Sr. ▶ GARY A. GRAVELINE, SR.	29B CERT NO: 0939	

To be completed by CERTIFYING PHYSICIAN ONLY

30 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

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

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

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

34 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 ▶

35 DATE SIGNED (Mo, Day, Yr) — 36 HOUR OF DEATH

37 PRONOUNCED DEAD (Mo, Day, Yr) — 38 PRONOUNCED DEAD (Hour)

39 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): SAM W. DOWNING, MD, 215 NORTH MCCOMBER, PRESCOTT, ARIZONA 86301

40 AUTHORIZED FOR REGISTRATION (SPECIFY) — 41 MEDICAL EXAMINER'S SIGNATURE

42 DATE REGISTERED: 2/5/04 — 43 REG. FILE NO: 171 — REGISTRAR'S SIGNATURE: [illegible] — 45 REG. DISTRICT: 135 — 46 DATE REC'D IN STATE OFFICE

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): 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

48 AUTOPSY (Specify Yes or No): NO — 49 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): NO

50 MANNER OF DEATH: ☐ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

51 ☐ SURGERY ☐ AUTOPSY

52 DATE OF INJURY (Mo, Day, Yr) — 53 HOUR — 54 INJURY AT WORK? (Specify Yes or No) — 55 DESCRIBE HOW INJURY OCCURRED

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

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF YAVAPAI } ss

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

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

YAVAPAI COUNTY 1863 ARIZONA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE