CERTIFICATION OF VITAL RECORDS

# STATE OF ARIZONA

ORIGINAL
STATE
COPY

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

## CERTIFICATE OF DEATH

DEATH NO.
D 102-

NAME OF DECEASED: 1. AKA A. FIRST SEYMOUR B. MIDDLE C. LAST EPSTEIN

2. SEX [redacted]

3. DATE OF DEATH: MONTH DAY YEAR [redacted]

4A. RACE (e.g., white, black, American Indian) (specify tribal etc.) [redacted]

4B. WAS DECEDENT OF HISPANIC ORIGIN? (SPECIFY YES OR NO) [redacted]

4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. [redacted]

5A. PLACE OF DEATH: A. COUNTY [redacted]

5B. B. TOWN OR CITY [redacted]

5C. C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) [redacted]

5D. D. DOA / OP (Other) / IN PATIENT

5E. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5E. YES

6. DATE OF BIRTH: MONTH DAY YEAR [redacted]

7A. AGE (YEARS LAST BIRTHDAY) 7A. 83

7B. IF UNDER 1 YEAR MOS. DAYS 7B.

7C. IF UNDER 1 DAY HRS. MIN. 7C.

8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. WIDOWED

9. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) [redacted]

10. STATE AND CITY OF BIRTH (If not in USA, name country) [redacted]

11. CITIZEN OF WHAT COUNTRY? SPECIFY [redacted]

12. SOCIAL SECURITY NO. [redacted]

13. USUAL RESIDENCE: A. STATE [redacted]

13B. B. COUNTY [redacted]

13C. C. TOWN OR CITY [redacted]

13D. D. ZIP CODE [redacted]

14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A. SHEET METAL WORKER

14B. KIND OF BUSINESS OR INDUSTRY 14B. SHEET METAL

15. STREET ADDRESS OF R.F.D. 15A. 3380 NORTH WINDSONG

15B. INSIDE CITY LIMITS? (SPECIFY Yes or No) 15B. YES

15C. ON RESERVATION (SPECIFY Yes or No) 15C. NO

16. HOW LONG IN ARIZONA? [redacted]

17. EDUCATION HIGHEST GRADE COMPLETED

17A. ELEMENTARY-SECONDARY (0-12) A.

17B. COLLEGE (1-4 or 5 +) B. 2

18. PREVIOUS STATE OF RESIDENCE 18. CALIFORNIA

19. FATHER'S NAME A. FIRST B. MIDDLE C. LAST [redacted]

20. MOTHER'S MAIDEN NAME A. FIRST ANNIE B. MIDDLE C. LAST RABKIN

21. INFORMANT'S SIGNATURE Kilie Malyneux

22. RELATIONSHIP TO DECEASED [redacted]

23. ADDRESS STREET NO. CITY AND STATE ZIP CODE [redacted]

24. BURIAL, CREMATION, REMOVAL, OTHER (Specify) [redacted]

25. DATE [redacted]

26. CEMETERY OR CREMATORY - NAME/LOCATION [redacted]

27. FUNERAL HOME NAME [redacted]

28. STREET ADDRESS CITY AND STATE ARIZONA WAKELIN BRADSHAW, 8480 EAST VALLEY ROAD, PRESCOTT VALLEY, AZ 86314

27A. EMBALMER'S SIGNATURE [redacted]

27B. CERT. NO. [redacted]

29. FUNERAL DIRECTOR'S SIGNATURE GARY [redacted] SR.

29B. CERT. NO. 0939

30. 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

31. DATE SIGNED (Mo., Day, Year) FEBRUARY 2, 2004

32. HOUR OF DEATH 0635

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

34. TO BE COMPLETED BY MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY — DEATH OCCURRED

35. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 35. SAM W. DOWNING, MD, 215 NORTH MCCOY [redacted]

36. HOUR OF DEATH

37. PRONOUNCED DEAD (Hour)

38. DATE REGISTERED 2/5/04

39. REG. FILE NO. 171

40. AUTHORIZED FOR REGISTRATION (SPECIFY) [redacted]

41. MEDICAL EXAMINER'S SIGNATURE

42. REG. DISTRICT 35

43. DATE RECD. IN STATE OFFICE

PART I. 44. A. IMMEDIATE CAUSE [redacted]

B. [redacted]

C. [redacted]

D. [redacted]

INTERVAL BETWEEN ONSET AND DEATH: WEEKS

PART II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not resulting in the underlying cause given in Part I [redacted]

45. MANNER OF DEATH [redacted]

46. AUTOPSY (Specify Yes or No) 46. NO

47. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 47. NO

48. DATE OF INJURY [redacted]

49. HOUR [redacted]

50. INJURY AT WORK? (Specify Yes or No) [redacted]

51. DESCRIBE HOW INJURY OCCURRED [redacted]

52. PLACE OF INJURY At home, farm, street, factory, office building, etc.) [redacted]

53. WHERE LOCATED? [redacted]

54. STREET ADDRESS [redacted]

55. CITY OR TOWN [redacted]

56. STATE [redacted]

57. SUPPLEMENTAL ENTRIES

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

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CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
COUNTY OF YAVAPAI } ss

DATE ISSUED FEB 06 2004

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Marcia M. Jacobson
MARCIA MORAN JACOBSON

YAVAPAI COUNTY

2164