

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-

NAME OF DECEASED 1. SIMON		AKA A. FIRST SEYMOUR		B MIDDLE		C LAST EPSTEIN		SEX 2. MALE		DATE OF DEATH 3. JANUARY 31 2004	
RACE (e.g., white, black, American indian, (specify tribe) etc.) 4A. WHITE		WAS DECEASED OF HISPANIC ORIGIN, (SPECIFY YES OR NO) B. NO		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) PRESCOTT VALLEY SAMARITAN CENTER		D. DOA OP EMER XX IN PATIENT		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5. YES	
PLACE OF BIRTH 6. 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		DATE OF BIRTH 7. NOVEMBER 7 1920		AGE (YEARS, LAST BIRTHDAY) 8A. 83	
STATE AND CITY OF BIRTH (if not in USA, name country) 11. ILLINOIS CHICAGO		CITIZEN OF WHAT COUNTRY? 12. U.S.A.		SOCIAL SECURITY NO. 13. 322 14 1666		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9. WIDOWED		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10.		USUAL OCCUPATION (Give kind of work done, most of working life, even if retired) 14A. SHEET METAL WORKER	
USUAL RESIDENCE 15. ARIZONA		B. COUNTY YAVAPAI		C. TOWN OR CITY PRESCOTT VALLEY		D. ZIP CODE 86314		HOW LONG IN ARIZONA? 16. 28 YEARS		KIND OF BUSINESS OR INDUSTRY B. SHEET METAL	
STREET ADDRESS OF R.F.D. 15E. 3380 NORTH WINDSONG		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F. YES		ON RESERVATION (SPECIFY Yes or No) 15G. NO		PREVIOUS STATE OF RESIDENCE 18. CALIFORNIA		ELEMENTARY/SECONDARY (0-12) A. 2		COLLEGE (1-4 or 5 +) B. 2	
FATHER'S NAME 19. MAX		B. MIDDLE EPSTEIN		C. LAST EPSTEIN		MOTHER'S MAIDEN NAME 20. ANNIE		A. FIRST RABKIN		B. MIDDLE RABKIN	
INFORMANT'S SIGNATURE 21. KAYLA EPSTEIN		RELATIONSHIP TO DECEASED 22. RELATIVE		ADDRESS 23. 4801 KENAI AVENUE		CITY AND STATE ANCHORAGE, ALASKA		ZIP CODE 99508		EMBALMER'S SIGNATURE 27A. NOT EMBALMED	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24. REMOVAL/BURIAL		DATE 25. FEBRUARY 6, 2004		CEMETERY OR CREMATORY - NAME/LOCATION 26. NATIONAL MEMORIAL CEMETERY OF ARIZONA		CITY AND STATE PHOENIX, ARIZONA		FURNITURE DIRECTOR'S SIGNATURE (If not embalmed, specify) 27B. GARY A. GRAVELINE, SR.		CERT. NO. B. 0939	
FUNERAL HOME 28. ARIZONA WAKELIN BRADSHAW, 8480 EAST VALLEY ROAD, PRESCOTT VALLEY, AZ		NAME ARIZONA WAKELIN BRADSHAW		STREET ADDRESS 8480 EAST VALLEY ROAD		CITY AND STATE PRESCOTT VALLEY, AZ		ZIP CODE 86314		FURNITURE DIRECTOR'S SIGNATURE (If not embalmed, specify) 27B. GARY A. GRAVELINE, SR.	
TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY 30. SIGNATURE AND TITLE 31. DATE SIGNED (Mo., Day, Year) 32. HOUR OF DEATH 33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		TO BE COMPLETED BY TRIBAL LAW ENFORCEMENT AUTHORITY ONLY 34. SIGNATURE AND TITLE 35. DATE SIGNED (Mo., Day, Year) 36. HOUR OF DEATH 37. PRONOUNCED DEAD (In words) 38. AT		ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY JUDGMENT, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER(S) STATED.		ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY JUDGMENT, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER(S) STATED.		ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY JUDGMENT, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER(S) STATED.		ON THE BASIS OF EXAMINATION AND INVESTIGATION, IN MY JUDGMENT, DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER(S) STATED.	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY 39. SAM W. DOWNING, MD, 215 NORTH MCCORMICK, PRESCOTT, ARIZONA		REG. FILE NO. 43. 171		REG. DISTRICT 45. 1315		DATE REC'D. IN STATE OFFICE 46.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS	
PART I A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF		PART II A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF		PART III A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF		PART IV A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF		PART V A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF		PART VI A. IMMEDIATE CAUSE (RURAL DISEASE OR CONDITION RESULTING IN DEATH ENTERED ONLY ONE CAUSE ON EACH LINE) B. DUE TO OR AS A CONSEQUENCE OF C. DUE TO OR AS A CONSEQUENCE OF	
MANNER OF DEATH 47. Aspiration pneumonia		DATE OF DEATH 48. NOV 31 2004		HOUR 49. 0635		INJURY AT WORK? (Specify Yes or No) 50. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 51. NO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS	
CAUSE OF DEATH 52. Aspiration pneumonia		DATE OF DEATH 53. NOV 31 2004		HOUR 54. 0635		INJURY AT WORK? (Specify Yes or No) 55. NO		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 56. NO		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS	
PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 57. At home		STREET ADDRESS 58. 3380 NORTH WINDSONG		CITY OR TOWN PRESCOTT VALLEY		STATE ARIZONA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WEEKS	

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA
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

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

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