CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN)

STATE OF ARIZONA

ORIGINAL STATE COPY

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

CERTIFICATE OF DEATH

DEATH NO. D 102-

AKA

DECEDENT

1. NAME OF DECEASED — A. FIRST: ROBERT; B. MIDDLE: MARION; C. LAST: FAIN
2. SEX: MALE
3. DATE OF DEATH — MONTH: MARCH; DAY: 5; YEAR: 2005
4A. RACE (e.g. White, Black, American Indian (specify tribe) etc.) SPECIFY: 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
6. PLACE OF DEATH — A. COUNTY: Pinal; B. TOWN OR CITY: Casa Grande; C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): RTA Hospice & Palliative Care; D. ☐ DOA ☐ DP EMER ☒ IN PATIENT
7. DATE OF BIRTH — MONTH: September; DAY: 16; YEAR: 1922
8A. AGE (YEARS LAST BIRTHDAY): 82
8B. IF UNDER 1 YEAR — MOS. DAYS
8C. IF UNDER 1 DAY — HRS. MIN.
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lois Cockerham
11. STATE AND CITY OF BIRTH (If not in USA, name country): Tennessee, Sevierville
12. CITIZEN OF WHAT COUNTRY? SPECIFY: USA
13. SOCIAL SECURITY NO.: 408-44-2320
14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Administrator
14B. KIND OF BUSINESS OR INDUSTRY: Public Schools
15. USUAL RESIDENCE — A. STATE: Arizona; B. COUNTY: Pinal; C. TOWN OR CITY: Casa Grande; D. ZIP CODE: 85222; E. HOW LONG IN ARIZONA?: 34 Years
17. EDUCATION HIGHEST GRADE COMPLETED — A. ELEMENTARY-SECONDARY (0-12): ; B. COLLEGE (1-4 or 5+): 5+
15E. STREET ADDRESS OF R.F.D.: 11509 Braidwood Trail
15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): No
15G. ON RESERVATION (SPECIFY Yes or No): No
16. PREVIOUS STATE OF RESIDENCE: Tennessee

PARENTS

19. FATHER'S NAME — A. FIRST: John; B. MIDDLE: Robert; C. LAST: Fain
20. MOTHER'S MAIDEN NAME — A. FIRST: Daisy; B. MIDDLE: ; C. LAST: Burchfield
21. INFORMANT'S SIGNATURE: By: G. Thomas Dudelston — Lois Fain
22. RELATIONSHIP TO DECEASED: Wife
23. ADDRESS — STREET NO.: 11509 Braidwood Trail; CITY AND STATE: Casa Grande, AZ; ZIP CODE: 85222

DISPOSITION

24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Rem/Cremation
25. DATE: 3-9-2005
26. CEMETERY OR CREMATORY - NAME/LOCATION: Serenity Crematory Phoenix, AZ
27A. EMBALMER'S SIGNATURE: Not Embalmed
27B. CERT. NO.:
28. FUNERAL HOME: Cole & Maud The Gardens Chapel; STREET ADDRESS: ; CITY AND STATE: 85222
29A. FUNERAL DIRECTOR OR AUTHORIZED AGENT (SIGNATURE): G. Thomas Dudelston
29B. CERT. NO.: 636

CERTIFIER

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:
31. DATE SIGNED (Mo., Day, Year): 3-7-05
32. HOUR OF DEATH: 1915 Hrs.
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

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:
35. DATE SIGNED (Mo., Day, Year):
36. HOUR OF DEATH:
37. PRONOUNCED DEAD (Mo., Day, Year): ON
38. PRONOUNCED DEAD (Hour): AT

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Typing or print): Franklin Baroi MD 1828 E.Florence Blvd.Bldg.C.Casa Grande,AZ 85222
40. AUTHORIZED FOR CREMATION (SPECIFY): ☒ Yes ☐ No
41. MEDICAL EXAMINER SIGNATURE:
42. DATE REGISTERED: 3/17/05
43. REG. FILE NO.: 23306
44. REGISTRAR'S SIGNATURE: Kathrul Ward, deputy
45. REG. DISTRICT: 1112
46. DATE REC'D IN STATE OFFICE:

CAUSE OF DEATH

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.
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): CONGESTIVE HEART FAILURE — 4 YRS
B. DUE TO OR AS A CONSEQUENCE OF:
C. DUE TO OR AS A CONSEQUENCE OF:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I:
49. AUTOPSY (Specify Yes or No): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

MEDICAL EXAMINER

51. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
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

FOR STATE REGISTRAR USE

58. SUPPLEMENTARY ENTRIES:

TRIBAL LAW ENFORCEMENT AUTHORITY

REV. 1-89

MAR 17 2005
Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

Arizona Department of Health Services

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

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