



**OFFICIAL RECORDS OF  
PINAL COUNTY RECORDER  
VIRGINIA ROSS**

When recorded return to:  
**SHARON REYNA  
1244 E BARCELONA AVE  
CASA GRANDE AZ 85122**

DATE/TIME: 10/30/2014 1413  
FEE: \$9.00  
PAGES: 2  
FEE NUMBER: 2014-062592



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(The above space reserved for recording information)

**CERTIFICATE OF DEATH**

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**DOCUMENT TITLE**

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DOCUMENT IN THE PINAL COUNTY RECORDER'S OFFICE.**

**CERTIFICATION OF VITAL RECORD**

**STATE OF ARIZONA**

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

State File NO. 102- 2013-014247

1 DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) <b>DELFINO RAYMOND REYNA</b>		2 AKA'S (IF ANY)		3 DATE OF DEATH <b>APRIL 03, 2013</b>	
4 SEX <b>MALE</b>	5 SOCIAL SECURITY NUMBER	6 DATE OF BIRTH <b>11/10/1947</b>	7 AGE <b>65</b>	8 MONTHS UNDER 1 YEAR <b>9 DAYS</b>	
12 PLACE OF DEATH - HOSPITAL <input type="checkbox"/> INPATIENT <input type="checkbox"/> E R /OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL		13 PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14 FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) <b>1244 E BARCELONA AVE</b>			15 CITY, TOWN & ZIP CODE OR LOCATION OF DEATH <b>CASA GRANDE 85122</b>		16 COUNTY OF DEATH <b>PINAL</b>
17 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>TAOS, NEW MEXICO</b>		18 MARITAL STATUS AT TIME OF DEATH <b>MARRIED</b>	19 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>SHARON RILEY</b>		
20 DECEDENT'S USUAL RESIDENCE STREET ADDRESS <b>1244 E BARCELONA AVE</b>		21 CITY AND COUNTY <b>CASA GRANDE, PINAL</b>		22 STATE <b>ARIZONA</b>	23 ZIP CODE <b>85122</b>
25 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)  <input type="checkbox"/> UNKNOWN		26 DECEDENT'S RACE(S) <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input checked="" type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE		27 IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES <b>TAOS PUEBLO</b> ADDITIONAL TRIBE ADDITIONAL TRIBE ADDITIONAL TRIBE	
28 OCCUPATION <b>PRESS OPERATOR</b>		29 FATHER'S NAME (FIRST, MIDDLE, LAST) <b>DELFINO REYNA</b>			
30 MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>JOSEPHINE TREJILLO</b>		31 INFORMANT'S NAME <b>SHARON REYNA</b>			
32 RELATIONSHIP <b>SPOUSE</b>		33 INFORMANT'S MAILING ADDRESS <b>1244 E BARCELONA AVE, CASA GRANDE, ARIZONA 85122</b>			
34 NAME AND ADDRESS OF FUNERAL FACILITY <b>ANGELS IN WAITING AFTER LIFE CARE CENTER P.O. BOX 12545, CASA GRANDE, AZ</b>		35 FUNERAL DIRECTOR <b>JENNIFER DEALL, FUNERAL DIRECTOR</b>		36 LICENSE NUMBER <b>F1353</b>	
37 METHOD(S) OF DISPOSITION <b>CREMATION</b>		38 NAME AND LOCATION OF 1st DISPOSITION FACILITY <b>SERENITY MORTUARY SERVICES, INC, PHOENIX, ARIZONA</b>		39 NAME AND LOCATION OF 2nd DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
40 A IMMEDIATE CAUSE OF DEATH <b>LUNG CANCER</b>	41 APPROXIMATE INTERVAL <b>MONTHS</b>				
42 B DUE TO OR AS A CONSEQUENCE OF	43 APPROXIMATE INTERVAL				
44 C DUE TO OR AS A CONSEQUENCE OF	45 APPROXIMATE INTERVAL				
46 D DUE TO OR AS A CONSEQUENCE OF	47 APPROXIMATE INTERVAL				
<b>CAUSE OF DEATH PART II</b>					
48 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE		49 INJURY? <b>NO</b>	50 INJURY AT WORK? <b>NO</b>	51 MANNER OF DEATH <b>NATURAL DEATH</b>	52 TIME OF DEATH <b>0203</b>
		53 WAS AN AUTOPSY PERFORMED? <b>NO</b>		54 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>					
<input checked="" type="checkbox"/> Certifying Physician/Nurse/Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated		55 NAME OF PERSON COMPLETING CAUSE OF DEATH <b>FRANK H. BAROI, M.D.</b>		56 DATE CERTIFIED <b>04/04/2013</b>	
<input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated		57 CERTIFIER'S ADDRESS <b>1811 E. MCMURRAY BLVD, CASA GRANDE, AZ 85122</b>		58 NAME OF REGISTRAR <b>KANDI HARRIS</b>	
				59 DATE REGISTERED <b>04/11/2013</b>	

DATE ISSUED: 05/03/2013

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS  
ARIZONA DEPARTMENT OF HEALTH SERVICES - PHOENIX, ARIZONA  
Revised 04, 2010

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

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

*Patricia Adams*  
PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR



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