

Recorded at the Request of:

BK	FEE
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INSTRUMENT # 9705885  
 OFFICIAL RECORDS OF  
 YAVAPAI COUNTY  
 PATSY C. JENNEY-COLON  
 REQUEST OF:

PATRICIA WHITTED  
 DATE: 02/04/97 TIME: 11:00  
 FEE: 5.00 SC: 4.00 FT: 1.00  
 BOOK 3353 PAGE 023 PAGES: 002

When Recorded, Mail to:

Patricia Whitted  
 P.O. Box 297  
 Ash Fork, Az. 86320

Death Certificate

UNOFFICIAL COPY

BOOK 3353 PAGE 23

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA  
Certified Copy of Vital Record

ORIGINAL  
STATE COPY

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

DEATH NO. D 102- 93-028249

1 NAME OF DECEASED A FIRST Belden B MIDDLE Omer C LAST Whitted		SEX MALE		DATE OF DEATH MONTH NOVEMBER 28, 1993 DAY YEAR	
2 RACE WHITE		3 WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) NO		4 YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	
5 PLACE OF DEATH A COUNTY COCONINO B TOWN OR CITY ASHFORK		C HOSPITAL OR INSTITUTION 20-MESA DRIVE		D <input type="checkbox"/> BOA <input type="checkbox"/> OP EMER <input type="checkbox"/> IN PATIENT	
6 DATE OF BIRTH MONTH JANUARY 15, 1930 DAY YEAR		7 AGE YEARS 63		8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
9 STATE AND CITY OF BIRTH LANSING, MICHIGAN		10 CITIZEN OF WHAT COUNTRY? UNITED STATES		11 SOCIAL SECURITY NO. 379-28-0591	
12 USUAL RESIDENCE A STATE ARIZONA B COUNTY COCONINO C TOWN OR CITY ASHFORK		13 ZIP CODE 86520		14 NEW HOME IN ARIZONA? 24 YEARS	
15 STREET ADDRESS OR R.F.D. 20 MESA DRIVE		16 INSURE CITY LIGHTS? (SPECIFY YES OR NO) NO		17 PREVIOUS STATE OF RESIDENCE MICHIGAN	
18 FATHER'S NAME A FIRST BELDEN B MIDDLE OLIVER C LAST WHITTED		19 MOTHER'S MARRIAGE NAME A FIRST MARGARET B MIDDLE M. C LAST WILKINS		20 EDUCATION HIGHEST GRADE COMPLETED 12	
21 INFORMANT'S SIGNATURE PATRICIA WHITTED		22 RELATIONSHIP TO DECEASED SPOUSE		23 ADDRESS 20 MESA DRIVE ASHFORK, ARIZONA 86320	
24 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		25 DATE DEC 1, 1993		26 CEMETERY OR CREMATION PLANT ASHFORK CEMETERY, ASHFORK, ARIZ.	
27 FUNERAL HOME STEWART CHAPEL		28 STREET ADDRESS 117 SOUTH SLAGEL		29 CITY AND STATE WILLIAMS, ARIZONA	
30 SIGNATURE AND TITLE <i>[Signature]</i>		31 DATE SIGNED NOVEMBER 29, 1993		32 PLACE OF DEATH 2015 WRS	
33 NAME AND ADDRESS OF CERTIFIER SCOTT S. EKDAL, D.O. 448 N. HWY 89 CHINO VALLEY		34 REGISTERED MEDICAL EXAMINER		35 AUTHORIZED FOR CREMATION? (Specify Yes or No) YES	
36 DATE REGISTERED 11-28-93		37 REGISTRATION NO. 369		38 REG. EXPIRES 0302	
39 SEVERAL LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE OF DEATH (SPECIFY CAUSE OF DEATH)		40 IMMEDIATE CAUSE OF DEATH (SPECIFY CAUSE OF DEATH)		41 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
42 A. IMMEDIATE CAUSE OF DEATH (SPECIFY CAUSE OF DEATH)		43 B. DUE TO OR AS A CONSEQUENCE OF Lung Cancer		44	
45 MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE		46 DATE OF INJURY		47 HOURS AT WORK? (Specify Yes or No)	
48 <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PEINING INVESTIGATION <input type="checkbox"/> UNDETERMINED		49 PLACE OF INJURY (At home with street name and house no., etc.)		50 WHERE LOCATED?	
51 SUPPLEMENTARY ENTRIES		52		53	

DATE ISSUED NOV 13 1996

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.P.S. 36-341, and by direction of:

*Rene Gaudino*  
RENE GAUDINO  
Assistant State Registrar

SEAL

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1762934

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE