

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

CERTIFICATE OF DEATH

NAME OF DECEASED 1 ELBERT JUNIOR MCGUIRE			SEX 2 MALE	DATE OF DEATH MONTH SEPTEMBER DAY 1 YEAR 2000		
RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY. 4A White		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) B No		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) 5 No
PLACE OF DEATH 6 Coconino		TOWN OR CITY B Flagstaff		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) C 6070 Native Drive		D <input type="checkbox"/> OOA <input type="checkbox"/> OP EMER <input type="checkbox"/> IN PATIENT
DATE OF BIRTH 7 April 27, 1934		AGE (YEARS LAST BIRTHDAY) 8A 66	IF UNDER 1 YEAR MOS. DAYS B	IF UNDER 1 DAY HRS. MIN. C	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 9 Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 10 Donna Rae Foster
STATE AND CITY OF BIRTH (if not in USA, name country) 11 Arkansas, Manila		CITIZEN OF WHAT COUNTRY? SPECIFY 12 U.S.A.		SOCIAL SECURITY NO. 13 5 67-42-0218		USUAL OCCUPATION (Give kind of work done most of working life, even if retired) 14A Self Employed
USUAL RESIDENCE 15 Arizona Coconino		TOWN OR CITY C Flagstaff		D. ZIP CODE 86004		HOW LONG IN ARIZONA? 16 25 years
STREET ADDRESS OR R.F.D. 15E 6070 Native Drive		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F Yes	ON RESERVATION (SPECIFY Yes or No) 15G No	PREVIOUS STATE OF RESIDENCE 18 Washington		ELEMENTARY-SECONDARY (0-12) A 8
FATHER'S NAME 19 Elbert Glenn McGuire			MOTHER'S MAIDEN NAME 20 Ada Morgan			EDUCATION HIGHEST GRADE COMPLETED B
INFORMANT'S SIGNATURE 21 Donna McGuire		RELATIONSHIP TO DECEASED 22 Wife		ADDRESS 23 6070 Native Drive-Flagstaff, AZ 86004		ZIP CODE C
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 24 Burial		DATE 25 09-06-00		CEMETERY OR CREMATORY - NAME/LOCATION 26 Citizens Cemetery-Flagstaff, AZ		EMBALMER'S SIGNATURE 27A Royce B. Greer
FUNERAL HOME 28 Greer's Scott Mortuary		NAME 316 West 2nd Street Winslow, AZ		CITY AND STATE		CERT NO. B 0825
FURNAL DIRECTOR or person acting as such (SIGNATURE) 29A Royce B. Greer		CITY AND STATE		ZIP CODE		CERT. NO. C 0798
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED		
30. SIGNATURE AND TITLE DATE SIGNED (Mo., Day, Year) 31		HOUR OF DEATH 32		34. SIGNATURE AND TITLE DATE SIGNED (Mo., Day, Year) 35 September 5, 2000		HOUR OF DEATH 36 0800
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 33		37 ON September 1, 2000		PRONOUNCED DEAD (Hour) 38. AT 0800		
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print) 39 Uelle Zivot MD-2500 N. Ft. Valley Rd.-Flagstaff, AZ				AUTHORIZED FOR CREMATION (SPECIFY) 40. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE 41
DATE REGISTERED 42 09-05-00		REG. FILE NO. 43 402		REGISTER'S SIGNATURE 44 Patricia Bauer		DEPUTY 45 0305
DATE REC'D. IN STATE OFFICE 46		PART I. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I				AUTOPSY (Specify Yes or No) 49 No
WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50 Yes		MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY 52 MO DAY YR HOUR 52 M 53		INJURY AT WORK? (Specify Yes or No) 54
DESCRIBE HOW INJURY OCCURRED 55		PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY 56		WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE 57		
SUPPLEMENTARY ENTRIES 58						

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA } ss DATE ISSUED **SEP 08 2000**
COUNTY OF COCONINO

This is a true and exact reproduction of the document officially registered and to be 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:

Coconino County Department of Public Health

This copy not valid unless prepared on engraved border displaying county seal in color and impressed with raised seal of issuing agency.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE