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REGISTRATION DEEDS

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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 0 102-

NAME OF DECEASED A FIRST: AUDREY B MIDDLE: F. C LAST: MUUS			SEX 2 FEMALE	DATE OF DEATH MONTH: APRIL DAY: 6 YEAR: 1995		
RACE (or write race, American Indian, specify tribe, etc.) WHITE		WAS DECEDENT OF HISPANIC ORIGIN SPECIFY YES OR NO NO		F YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEDENT EVER IN U.S. ARMED FORCES SPECIFY YES OR NO NO
PLACE OF DEATH A COUNTY: MARICOPA B TOWN OR CITY: GILBERT		C HOSPITAL OR INSTITUTION 4627 EAST KELLY DRIVE		F RESIDENCE (GIVE STREET ADDRESS)		D DOA <input type="checkbox"/> OF EMER <input type="checkbox"/> IN PATIENT
DATE OF BIRTH MONTH: SEPTEMBER DAY: 25 YEAR: 1932		AGE (YEARS) LAST BIRTHDAY: 62	IF UNDER 1 YEAR MOS: 62 DAYS: 00	IF UNDER 1 DAY HRS: 00 MIN: 00	MARRIED NEVER MARRIED WIDOWED DIVORCED SPECIFY: MARRIED	SURVIVING SPOUSE IF WIFE GAVE MAIDEN NAME: JOHN MUUS
STATE AND CITY OF BIRTH MINNESOTA BRECKENRIDGE		CITIZEN OF WHAT COUNTRY? USA		SOCIAL SECURITY NO [REDACTED]		USUAL OCCUPATION (Give kind of work done most of working life over 1 month) HOMEMAKER
A STATE: NEBRASKA B COUNTY: SARPY C TOWN OR CITY: BELLEVUE		D ZIP CODE: 68005		E HOW LONG IN ARIZONA? 7 MONTHS		F EDUCATION HIGHEST GRADE COMPLETED OWN HOME
STREET ADDRESS OR R.F.D. 1307 N. FT. CROOK RD.		INSIDE CITY LIMITS? (SPECIFY Yes or No) 15F YES	ON RESERVATION SPECIFY Yes or No 15G NO	PREVIOUS STATE OF RESIDENCE 18		G ELEMENTARY SECONDARY (1-12) 12 H COLLEGE (1-4 or 5-+)
FATHER'S NAME A FIRST: URBAN B MIDDLE: LIENHART C LAST: LIENHART		MOTHER'S MAIDEN NAME A FIRST: FLORENCE B MIDDLE: CARVELL C LAST: CARVELL		INFORMANT'S SIGNATURE <i>John Muus</i>		
21 BURIAL CREMATION REMOVAL OTHER (Specify) REMOVAL		DATE 4/7/95	CEMETERY OR CREMATORY - NAME/LOCATION VELVA CEMETERY, VELVA, NORTH DAKOTA		EMBALMER LICENSE NO. 975	
F. FUNERAL HOME NAME: MELCHER'S MISSION CHAPEL, 6625 E. MAIN ST., MESA, AZ.		STREET ADDRESS: 6625 E. MAIN ST., MESA, AZ.		CITY AND STATE: MESA, NEBRASKA		
30 SIGNATURE AND TITLE <i>[Signature]</i>		DATE SIGNED (Mo. Day, Year) 4/7/95		HOUR OF DEATH 2:15 P.M.		
31 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (If deceased, name of physician) N. A. FOSTENBERG, M.D.		32 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		33 SIGNATURE AND TITLE <i>[Signature]</i>		
34 DATE SIGNED (Mo. Day, Year) 4/7/95		35 PRONOUNCED DEAD (Mo. Day, Year) 4/7/95		36 PRONOUNCED DEAD (Hour) 2:15 P.M.		
37 ON		38 AT		39 CERT NO 850		
40 NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY MICHAEL LONG, M.D., 4001 E. BASELINE RD., MESA, AZ.		41 AUTHORIZED FOR CREMATION (SPECIFY Yes or No) NO		42 MEDICAL EXAMINER'S SIGNATURE <i>[Signature]</i>		
43 DATE REGISTERED APR 12 1995		44 REG. FILE NO. 6009 6099		45 REG. DISTRICT 0703		
46 A. IMMEDIATE CAUSE FROM DISEASE OR CONDITION RESULTING IN DEATH (ENTER ONLY ONE CAUSE ON EACH LINE) Metastatic Breast Cancer		47 B. DUE TO OR AS A CONSEQUENCE OF		48 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 years.		
49 C. DUE TO OR AS A CONSEQUENCE OF		50 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		51 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) NO		
52 MANNER OF DEATH <input 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		53 DATE OF INJURY MO: 52 DAY: 53 HOUR: 54		54 INJURY AT WORK? (Specify Yes or No) NO		
55 PLACE OF INJURY (If home, farm, street, factory, office building, etc.) #43 Amended as per Listed EW		56 WHERE LOCATED? STREET ADDRESS: _____ CITY OR TOWN: _____ STATE: _____		57		

2360056

CERTIFIED COPY OF VITAL RECORDS

April 19, 1995

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES
OFFICE OF VITAL RECORDS
1600 W. WASHINGTON AVENUE, PHOENIX, ARIZONA 85007

Sharon E. Ensign, MD
Vital Records Director
1600 W. Washington Avenue
Phoenix, Arizona 85007



ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE

LOT 1332 15 14-13