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Please Print or Type Information.

Document Title(s) or transactions contained therein:

1. DEATH CERTIFICATE OF EARL EDWARD WHITE
2.
3.
4.

GRANTOR(S) (Last name, first, then first name and initials)

1. White, Earl Edward
2.
3.
4.
[ ] Additional Names on page _____ of document.

GRANTEE(S) (Last name, first, then first name and initials)

1. White, Phyllis A.
2.
3.
4.
[ ] Additional Names on page _____ of document.

LEGAL DESCRIPTION (Abbreviated: i.e., Lot, Block, Plat or Section, Township, Range, Quarter/Quarter)

[ ] Additional Names on page _____ of document.

REFERENCE NUMBER(S) Of Documents assigned or released:

[ ] Additional Names on page _____ of document.

ASSESSOR'S PROPERTY TAX PARCEL/ACCOUNT NUMBER

Taxed, Tax
Indirect
Filmed
Mailed

[ ] Property Tax Parcel ID is not yet assigned.
[ ] Additional Names on page _____ of document.

The Auditor/Recorder will rely on the information provided on the form. The Staff will not read the document to verify the accuracy or completeness of the indexing information.

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

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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: Earl — B. MIDDLE: Edward — C. LAST: White
2. SEX: Male
3. DATE OF DEATH — MONTH, DAY, YEAR: January 6, 1993
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
6a. PLACE OF DEATH — A. COUNTY: Yuma
6b. B. TOWN OR CITY: Yuma
6c. C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Yuma Regional Medical Center
6d. ☐ DOA ☐ OP EMER ☒ IN PATIENT
7. DATE OF BIRTH — MONTH, DAY, YEAR: January 13, 1921
8. AGE (YEARS LAST BIRTHDAY): 71
8a. IF UNDER 1 YEAR, MOS., DAYS
8b. IF UNDER 24 HRS., MIN.
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Phyllis Potter
11. STATE AND CITY OF BIRTH (If not in USA, name country): Goldendale WA
12. CITIZEN OF WHAT COUNTRY? SPECIFY: U. S. A.
13. SOCIAL SECURITY NO.: [redacted]
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Highway Worker
15. KIND OF BUSINESS OR INDUSTRY: State Government
16. USUAL RESIDENCE — A. STATE: Arizona — B. COUNTY: Yuma — C. TOWN OR CITY: Yuma — D. ZIP CODE: 85365
16a. HOW LONG IN ARIZONA? 7 years
17. EDUCATION — HIGHEST GRADE COMPLETED — ELEMENTARY-SECONDARY (0-12): 12 — COLLEGE (1-4 or 5+): 00
18. STREET ADDRESS OR R.F.D.: 13350 E. 50th Dr.
18a. INSIDE CITY LIMITS? (SPECIFY Yes or No): No
18b. ON RESERVATION (SPECIFY Yes or No): No
19. PREVIOUS STATE OF RESIDENCE: Hawaii

PARENTS

20. FATHER'S NAME — A. FIRST: Edward — B. MIDDLE: Richard — C. LAST: White
21. MOTHER'S MAIDEN NAME — A. FIRST: Hilda — B. MIDDLE: Christina — C. LAST: Rasmusson

DISPOSITION

22. INFORMANT'S SIGNATURE: Phyllis White — RELATIONSHIP TO DECEASED: Spouse — ADDRESS — STREET NO.: 13350 E. 50th Drive — CITY AND STATE: Yuma — ZIP CODE: AZ 85365
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial — DATE: 9 JAN 93 — CEMETERY OR CREMATORY – NAME/LOCATION: Sunset Vista Cemetery Yuma, AZ
24. EMBALMER'S SIGNATURE: Not Embalmed — CERT. NO.: ----
25. FUNERAL HOME — NAME: Sunset Vista Funeral Home — STREET ADDRESS: 11357 E. 40th St — CITY AND STATE: Yuma AZ
26. FUNERAL DIRECTOR (Person acting as such) (SIGNATURE): Carl K. Kopenig — CERT. NO.: 619

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): 1-7-93
32. HOUR OF DEATH: 0920
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)
38. PRONOUNCED DEAD (Hour)

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): Dr. Bruce Ethridge 2281 W. 24th St Yuma, AZ
40. AUTHORIZED FOR CREMATION (SPECIFY): ☐ Yes ☒ No
41. MEDICAL EXAMINER'S SIGNATURE
42. DATE REGISTERED: 1-11-93
43. REG. FILE NO.: 014
44. REGISTRAR'S SIGNATURE: Elsie Cox, Deputy
45. REG. DISTRICT: 1402
46. DATE RECD IN STATE OFFICE

CAUSE OF DEATH

47. PART I. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) — SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO THE IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED THE EVENTS RESULTING IN DEATH) LAST.
A. PN Pneumonia — days
B. DUE TO OR AS A CONSEQUENCE OF: Lung Cancer — months
C. DUE TO OR AS A CONSEQUENCE OF: Tobacco — years
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48. AUTOPSY (Specify Yes or No): No
49. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No): NO

MEDICAL EXAMINER

50. MANNER OF DEATH: ☑ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
51. DATE OF INJURY — MO, DAY, YR, HOUR
52. INJURY AT WORK (Specify Yes or No)
53. DESCRIBE HOW INJURY OCCURRED
54. PLACE OF INJURY (At home, farm, street, factory, off-sea building, etc.) SPECIFY
55. WHERE LOCATED? STREET ADDRESS, CITY OR TOWN, STATE

FOR STATE REGISTRAR USE

56. SUPPLEMENTARY ENTRIES
57.

TRIBAL LAW ENFORCEMENT AUTHORITY

REV. 1-89)

DATE ISSUED JAN 99 1993

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.R.S. 36-341, and by direction of the Director.

CERTIFIED
DAVID BROOKS, Director
County Registrar

YUMA COUNTY VCHD HEALTH DEPARTMENT

TC12331

This copy not valid unless prepared on engraved form displaying county seal and impressed with raised seal of issuing registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE