

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH DEATH NO. D 102-

ORIGINAL STATE COPY

NAME OF DECEASED JANET LOUISE PARK			SEX FEMALE	DATE OF DEATH NOVEMBER 7, 2002		
RACE (e.g., white, black, American Indian, (specify tribe) etc.) WHITE		WAS DECEASED OF HISPANIC ORIGIN: (SPECIFY YES OR NO) NO		IF YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) NO
PLACE OF DEATH PIMA TUCSON		C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) ODYSSEY HOSPICE			D. DOA <input type="checkbox"/> OP EMER. <input type="checkbox"/> IN PATIENT <input checked="" type="checkbox"/>	
DATE OF BIRTH OCTOBER 27, 1932		AGE (YEARS LAST BIRTHDAY) 70	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, MARRIED	
STATE AND CITY OF BIRTH ALTOONA, PA		CITIZEN OF WHAT COUNTRY? SPECIFY USA	SOCIAL SECURITY NO. 526-36-3142		USUAL OCCUPATION (Give kind of work done most of working life, except if retired) HOMEMAKER	KIND OF BUSINESS OR INDUSTRY OWN HOME
USUAL RESIDENCE A. STATE ARIZONA B. COUNTY PINAL C. TOWN OR CITY ORACLE		D. ZIP CODE 85623		HOW LONG IN ARIZONA? 19 YEARS	EDUCATION HIGHEST GRADE COMPLETED	
STREET ADDRESS OF R.F.D. 1735 N. SUNSET POINT DR.		INSIDE CITY LIMITS? (SPECIFY Yes or No) NO	ON RESERVATION (SPECIFY Yes or No) NO	PREVIOUS STATE OF RESIDENCE NORTH CAROLINA		ELEMENTARY-SECONDARY (0-12) 12 COLLEGE (1-4 or 5 +)
FATHER'S NAME A. FIRST ABRAHAM B. MIDDLE L. C. LAST BURKEY			MOTHER'S MAIDEN NAME A. FIRST HELEN B. MIDDLE DESSA C. LAST CRUM			
INFORMANT'S SIGNATURE <i>John E. Park</i> JOHN E. PARK		RELATIONSHIP TO DECEASED HUSBAND	ADDRESS STREET NO. 1735 N. SUNSET POINT DR. CITY AND STATE ORACLE, AZ ZIP CODE 85623			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) BURIAL	DATE 11/13/2002	CEMETERY OR CREMATORY - NAME/LOCATION SOUTH LAWN CEMETERY, TUCSON, AZ		EMBALMER'S SIGNATURE <i>[Signature]</i>	CERT. NO. 1072	
FUNERAL HOME NAME SOUTH LAWN MORTUARY, 5401 S. PARK AVE., TUCSON, AZ			FUNERAL DIRECTOR or person acting as such SIGNATURE <i>[Signature]</i>		CERT. NO. 956	
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 <i>[Signature]</i> DATE SIGNED (Mo., Day, Year) 11/13/02 31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) [Blank]			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 <i>[Signature]</i> DATE SIGNED (Mo., Day, Year) 11/13/02 35. PRONOUNCED DEAD (Mo., Day, Year) 11/13/02 37. ON		HOUR OF DEATH 1525 36. PRONOUNCED DEAD (Hour) 1525 38. AT	
NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY Ana Puentesvilla, M.D., 750 E. Footfalls, Tucson, AZ			AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		MEDICAL EXAMINER'S SIGNATURE	
DATE REGISTERED NOV. 14, 2002	REG. FILE NO. 7241	REGISTRAR'S SIGNATURE <i>[Signature]</i> DEPUTY		REG. DISTRICT 1004	DATE REC'D. IN STATE OFFICE	
PART I SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE, ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST. A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) Chronic Obstructive Lung Disease B. DUE TO OR AS A CONSEQUENCE OF: C. DUE TO OR AS A CONSEQUENCE OF:			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				ALTOUSY (Specify Yes or No) NO	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) NO	
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> HOWICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		DATE OF INJURY MO. DAY YR. HOUR NOV 7 2002 1525	INJURY AT WORK? (Specify Yes or No) NO	DESCRIBE HOW INJURY OCCURRED		
PLACE OF INJURY (A: home, farm, street, factory, office building, etc.) SPECIFY		WHERE LOCATED?	STREET ADDRESS	CITY OR TOWN	STATE	
SUPPLEMENTARY ENTRIES						

CERTIFIED COPY OF VITAL RECORDS

STATE OF ARIZONA }
COUNTY OF PIMA } ss

DATE ISSUED

November 15, 2002

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:

[Signature]
DENNIS W. DOUGLAS
County Registrar
Pima County Health Department



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