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KNEVEL & BEHNKE
ATTORNEYS AT LAW
651 EAST THIRD
HOEART INDIANA 46342

STATE OF ARIZONA
DEPARTMENT OF HEALTH - DIVISION OF HEALTH RECORDS AND STATISTICS
CERTIFICATE OF DEATH

NAME OF DECEASED A. FIRST: Owen B. MIDDLE: Jarvis C. LAST: Roper			SEX Male	RACE OR COLOR white	DATE OF DEATH June 27, 1969
PLACE OF DEATH A. COUNTY: Maricopa B. CITY OR TOWN: Phoenix		C. HOSPITAL OR INSTITUTION 9810 North 4th Ave.		D. IN CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DATE OF BIRTH April 4, 1886		AGE AT DEATH 83	MARITAL STATUS MARRIED	SURVIVING SPOUSE Blanche A. Fifield	
PLACE OF BIRTH Indiana		U.S.A. SOCIAL SECURITY NO. 317-05-1959	USUAL OCCUPATION Farmer		WAS DECEASED A VETERAN? YES OR NO
RESIDENCE Arizona 9810 North 4th Ave.		Maricopa	Phoenix	PREVIOUS STATE OF RESIDENCE Indiana	
SIGNATURE OF DECEASED Jarvis Roper		SIGNATURE OF WITNESS Henry Roper		SIGNATURE OF PHYSICIAN Ella Smith	
ADDRESS OF DECEASED 9810 North 4th Ave.		ADDRESS OF WITNESS Route 2, Hobart, Indiana		ADDRESS OF PHYSICIAN Hobart, Indiana	
<p>Document is NOT OFFICIAL!</p> <p>This Document is the property of the Lake County Recorder!</p> <p>STOP</p>					
<p>25. MEDICAL STATEMENT OF CAUSE OF DEATH</p> <p>PART I. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE ON EACH LINE)</p> <p>A. IMMEDIATE CAUSE: <i>Heart Disease</i></p> <p>B. CONSEQUENCE OF: <i>Chronic Myocardial Infarction</i></p> <p>C. CONSEQUENCE OF: <i>None</i></p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS</p> <p>26. MANNER OF DEATH: <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> UNDETERMINED INJURY</p> <p>27. SPECIFY: <i>None</i></p>					
<p>28. PHYSICIAN OR MEDICAL EXAMINER (ATTENDED TO DECEASED)</p> <p>29. DATE OF EXAMINATION: <i>June 29, 1969</i></p> <p>30. SIGNATURE: <i>Lawrence E. Kelsey M.D.</i></p> <p>31. MAIL ADDRESS: <i>107 W. K...</i></p>					
<p>32. CORONER'S OFFICE (IF APPLICABLE)</p> <p>33. CITY AND STATE: <i>INDIANA</i></p>					
<p>34. DATE OF DISPOSITION: <i>June 29, 1969</i></p> <p>35. CEMETERY OR CREMATORY: <i>Crown Hill Cemetery</i></p> <p>36. FUNERAL HOME: <i>Hansen Mortuary</i></p>					

CERTIFIED COPY OF VITAL RECORD

State of Arizona) ss: Date Issued: July 1, 1969
County of Maricopa)

This copy is a true and exact reproduction of the document officially registered and to be incorporated in the official records of certificates in the Bureau of Vital Statistics, Arizona State Department of Health, Phoenix, Arizona.

Issued under the authority of ARS 36-311 and by direction of:

S. F. Farnsworth, M.D.
S. F. Farnsworth, M.D., M.P.H.
County Registrar and Director
Maricopa County Health Department

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