

STATE OF ARIZONA

STATE COPY

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION CERTIFICATE OF DEATH

DEATH NO.
D 102

NAME OF DECEASED A. FIRST: EILEEN B. MIDDLE: MAY C. LAST: FOX			SEX FEMALE	DATE OF DEATH MONTH: FEBRUARY DAY: 26 YEAR: 1980
RACE (Specify) White		WAS DECEASED OF SPANISH ORIGIN? (YES/NO) SPECIFY: no	IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. C	WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES/OR NO) no

PLACE OF DEATH A. COUNTY: Yavapai B. TOWN OR CITY: Prescott	C. HOSPITAL OR INSTITUTION: Yavapai Community Hospital (IF RESIDENCE, GIVE STREET ADDRESS)	D. <input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input checked="" type="checkbox"/> IN PATIENT
--	---	---

DATE OF BIRTH MONTH: April DAY: 24 YEAR: 1906	AGE (YEARS LAST BIRTHDAY): 73	IF UNDER 1 YEAR: B (MOS) no (DAYS)	IF UNDER 1 DAY: C (HRS) no (MIN)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): William F. Fox
---	--------------------------------------	--	--	---	---

STATE OF BIRTH: Ohio	CITIZEN OF WHAT COUNTRY? USA	SOCIAL SECURITY NO.: 315-20-9271	USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Housewife	KIND OF BUSINESS OR INDUSTRY: At home
-----------------------------	-------------------------------------	---	---	--

USUAL RESIDENCE A. STATE: AZ B. COUNTY: Yavapai C. TOWN OR CITY: Prescott D. ZIP CODE: 86301

STREET ADDRESS OR RFD: 609 Birch Dr.	INSIDE CITY LIMITS? (Specify Yes or No): 15F. yes	ON RESERVATION (Specify yes or no): 15G. no	HOW LONG IN ARIZONA? YEARS: 15 MONTHS: no DAYS: no	PREVIOUS STATE OF RESIDENCE: Indiana
---	--	--	--	---

FATHER'S NAME: Joseph Wilson	MOTHER'S MAIDEN NAME: Emma May Coyle
-------------------------------------	---

INFORMANT'S SIGNATURE: <i>Leona Stanley</i>	RELATIONSHIP TO DECEASED: 21 Daughter	ADDRESS: 320 N. Virginia St. Prescott, AZ 86301
---	--	--

BURIAL, CREMATION, REMOVAL, OTHER (Specify): 23 Burial	DATE: Sept. 1, 1980	CEMETERY OR CREMATORY: Hicksville Cemetery, Hicksville, Ohio	EMBALMER'S SIGNATURE: <i>[Signature]</i>	CERT. NO.: 3841
---	----------------------------	---	--	------------------------

FUNERAL HOME: Ruffner Funeral Home, 303 S. Cortez St. Prescott, AZ	FUNERAL DIRECTOR (or person acting as such) SIGNATURE: <i>[Signature]</i>	CERT. NO.: 2021
---	---	------------------------

<p>TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:</p> <p>SIGNATURE AND TITLE: <i>[Signature]</i></p> <p>DATE SIGNED (Mo-Day-Year): 2-28-80</p> <p>HOUR OF DEATH: 7:15 A.M.</p> <p>NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):</p>	<p>ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) AND MANNER STATED:</p> <p>SIGNATURE AND TITLE: <i>[Signature]</i></p> <p>DATE SIGNED (Mo-Day-Year):</p> <p>HOUR OF DEATH:</p> <p>PRONOUNCED DEAD (Mo-Day-Year):</p> <p>PRONOUNCED DEAD (HOUR):</p>
---	--

NAME AND ADDRESS OF CERTIFIER PHYSICIAN OR MEDICAL EXAMINER (Type or print): **William R. Shepard M. D., 1003 Division Street, Prescott, Arizona 86301**

DATE REGISTERED: 2-29-80	REG. FILE NO.: 86	REGISTRAR'S SIGNATURE: <i>[Signature]</i>	REG. DISTRICT: 137	DATE DVD IN STATE OFFICE: MAR 11 1980
---------------------------------	--------------------------	---	---------------------------	--

PART I	A IMMEDIATE CAUSE: Cor Pulmonale -- Acute	days	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH:
	B. DUE TO, OR AS A CONSEQUENCE OF: Emphysema	years	
	C. DUE TO, OR AS A CONSEQUENCE OF: Other--Diabetes, arteriosclerotic heart disease, hypertension, asthma	years	

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?) **NO**

AUTOPSY (Specify yes or no): **NO**

WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify yes or no): **NO**

MANNER OF DEATH: <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED	PENDING INVESTIGATION: <input type="checkbox"/>	DATE OF INJURY: MO: 51 DAY: 52 YR: M HOUR: 53	INJURY AT WORK? (Specify yes or no): 54	DESCRIBE HOW INJURY OCCURRED:
PLACE OF INJURY (At home, farm, street, factory, office, building, etc.) SPECIFY: 55		WHERE LOCATED? 56	STREET ADDRESS: CITY OR TOWN: STATE:	

SUPPLEMENTARY ENTRIES: **57**

*Key 21-91-22
Riverside 6 plates
26 22 Blk 12*

FILED

NOV 3 1982

CERTIFIED COPY OF VITAL RECORD

Date Issued: **MAR 11 1980**

STATE OF ARIZONA
COUNTY OF MARICOPA

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF HEALTH SERVICES, issued under the authority of A.R.S. 36-341, and by direction of:

SUZANNE DANDY, M.D., M.P.H., Director
Department of Health Services
State Registrar

ALFONSO BRAVO
Assistant State Registrar

7-9-6-23

This copy not valid unless prepared on safety paper displaying state seal in color and impressed with raised seal of issuing agency.

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY