

STATE OF ARIZONA

43618 **LAWYERS TITLE INS. CORP.**
7895 BROADWAY
MERRILLVILLE, IN 46410

ORIGINAL 920997 STATE COPY **STATE OF ARIZONA**
 DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION
CERTIFICATE OF DEATH DEATH NO. **D 102-**

NAME OF DECEASED: **Lorraine M. SKINNER** SEX: **Female** DATE OF DEATH: **October 7, 1983**

RACE (e.g., white, black, American Indian, etc.) SPECIFY: **White** WAS DECEDENT OF SPANISH ORIGIN: (YES, NO) SPECIFY: **No** IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. **No** WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) **No**

PLACE OF DEATH: A. COUNTY **Maricopa** B. TOWN OR CITY **Phoenix** C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) **John C. Lincoln Hospital** D. DOA OP EMER IN PATIENT

DATE OF BIRTH: **August 5, 1926** AGE (YEARS LAST BIRTHDAY) **57** IF UNDER 1 YEAR MOS. DAYS **B.** IF UNDER 1 DAY HRS. MIN. **C.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **Howard W. Skinner**

STATE OF BIRTH (if not in USA, name country) **Illinois** CITIZEN OF WHAT COUNTRY? SPECIFY **U.S.A.** SOCIAL SECURITY NO. **353-16-1577** USUAL OCCUPATION (Give kind of work done most of working life, even if retired) **Housewife** KIND OF BUSINESS OR INDUSTRY **Home**

USUAL RESIDENCE: A. STATE **Arizona** B. COUNTY **Maricopa** C. TOWN OR CITY **Phoenix** D. ZIP CODE **85029**

STREET ADDRESS OR R.F.D. **4007 W. Windrose Drive** INSIDE CITY LIMITS? (Specify yes or no) **15F. yes** ON RESERVATION (Specify yes or no) **15G. no** HOW LONG IN ARIZONA? YEARS MONTHS DAYS **18 3** PREVIOUS STATE OF RESIDENCE **17. Indiana**

FATHER'S NAME: A. FIRST **Edward** B. MIDDLE **L.** C. LAST **Siuchninski** MOTHER'S MAIDEN NAME: A. FIRST **Janine** B. MIDDLE **L.** C. LAST **Plonkowski**

DECEASED'S SIGNATURE: **H. W. Skinner** RELATIONSHIP TO DECEASED **21. Husband** ADDRESS: STREET NO. CITY AND STATE ZIP CODE **22. 4007 W. Windrose Drive Phoenix, AZ 85029**

BURIAL, CREMATION, REMOVAL OTHER (Specify) **23. Burial** DATE **24. 10-11-83** CEMETERY OR CREMATORY - NAME / LOCATION **25. Greenwood Memorial Park Phoenix, Arizona** EMBALMER'S SIGNATURE **26. Bradley J. Hansen** CERT. NO. **27. 307**

FUNERAL HOME: NAME **28. Hansen Mortuary** STREET ADDRESS **8314 N. 7th St.** CITY AND STATE **Phoenix - Arizona** FUNERAL DIRECTOR or person acting as such (SIGNATURE) **29. Don R. Vatter** CERT. NO. **30. 322A**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE **31. David J. Crosby, M.D.** DATE SIGNED (Mo., Day, Year) **32. 10/10/83** HOUR OF DEATH **33. 6:35 p.m.** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) **34.**

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. SIGNATURE AND TITLE **35. [Signature]** DATE SIGNED (Mo., Day, Year) **36.** HOUR OF DEATH **37.** PRONOUNCED DEAD (Mo., Day, Year) **38. ON** PRONOUNCED DEAD (Hour) **39. AT 7:00**

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print) **40. David J. Crosby, M.D., 2525 W. Greenway, Phoenix, Arizona**

DATE REGISTERED **41. 12/1/81** REG. FILE NO. **42. 10349** REGISTRAR'S SIGNATURE **43. [Signature]** REG. DISTRICT **44. 0703** DATE ISSUED IN STATE OF ILL. **45.**

PART I. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE ON EACH LINE) **46. Gram negative septicemia** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **6 days**

46. Large decubiti, buttocks, back, left leg APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **months**

46. Rheumatoid arthritis APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **15 years**

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (if adult female was she pregnant within past 90 days?) **47.** AUTOPSY (Specify yes or no) **48. Yes** WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) **49. No**

MANNER OF DEATH: NATURAL CAUSES ACCIDENT SUICIDE HOMICIDE PENDING INVESTIGATION UNDETERMINED

DATE OF INJURY: MO. DAY YR. HOUR **51. 52. M 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? STREET ADDRESS CITY OR TOWN STATE **58.**

SUPPLEMENTARY ENTRIES **57. Geo + Wm. Carter 2nd. Rts 142 Bl 6 #17-129-1**

FILED

JUN 10 OCT 1983 1983
 CERTIFIED COPY OF VITAL RECORD

STATE OF ARIZONA } 55
 COUNTY OF MARICOPA }
 Date Issued **Dean L. Benson**
 DEAN L. BENSON
 Chief Deputy County Registrar
 Maricopa County Department of Health Services

400 by

MARICOPA COUNTY HEALTH DEPT

420231

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