

STATE OF ARIZONA

Certified Copy of Vital Record

ENC 60183

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

DEATH NO. **91-022681**
D 102-

NAME OF DECEASED ISADORE WEISSBUCH			SEX MALE	DATE OF DEATH AUGUST 17, 1994		
RACE (e.g. white, black, American Indian (specify tribe), etc.) WHITE		WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO) NO		IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. N/A		WAS DECEDENT EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) YES
PLACE OF DEATH MARICOPA		TOWN OR CITY SUN CITY		HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) SUN HEALTH CARE CENTER		<input type="checkbox"/> DOA <input type="checkbox"/> OP EMER <input checked="" type="checkbox"/> IN PATIENT
DATE OF BIRTH NOVEMBER 3, 1916		AGE (YEARS LAST BIRTHDAY) 77	IF UNDER 1 YEAR MOS. DAYS 77	IF UNDER 1 DAY HRS. MIN. 77	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME) CECELIA GOLDBERG
STATE AND CITY OF BIRTH GARY, INDIANA		CITY AND STATE OF DEATH SUN CITY WEST, ARIZONA		SOCIAL SECURITY NO. 308-36-2418		USUAL OCCUPATION (Give kind of work for most of working life, even if retired) OWNER/OPERATOR
STATE ARIZONA		TOWN OR CITY SUN CITY WEST		ZIP CODE 85375	HOW LONG IN ARIZONA? 17 YEARS	
STREET ADDRESS OR R.F.D. 13038 BUTTERFIELD DR.		CITY AND STATE OF BIRTH INDIANA		EDUCATION HIGHEST GRADE COMPLETED 12		COLLEGE (1-4 or 5-1) 12
FATHER'S NAME BENNY WEISSBUCH		MOTHER'S NAME MARY WEISSBUCH		DECEASED'S SIGNATURE <i>[Signature]</i>		
DECEASED'S SIGNATURE <i>[Signature]</i>		RELATIONSHIP TO DECEASED WIFE		ADDRESS 13038 BUTTERFIELD DR., SUN CITY WEST, AZ 85375		
DATE OF BURIAL 8/18/94		CITY AND STATE OF BURIAL PORTAGE, INDIANA		EMBALMENT NOT EMBALMED		CERT. NO. 732
NAME OF FUNERAL HOME BEST FUNERAL SERVICES-9380 W. PEORIA AVE. PEORIA, AZ.		CITY AND STATE OF FUNERAL HOME PEORIA, AZ.		FURNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		
SIGNATURE OF PHYSICIAN <i>[Signature]</i>		DATE OF DEATH AUGUST 18, 1994		HOUR OF DEATH 2105		NAME OF ATTENDING PHYSICIAN (If other than certifier) (Type or Print) ROY WATTS, DO-14506 W. GRANITE VALLEY DR., SUN CITY WEST, AZ
NAME AND ADDRESS OF CERTIFIER ROY WATTS, DO-14506 W. GRANITE VALLEY DR., SUN CITY WEST, AZ		REGISTRATION NO. 13558		REG. DISTRICT 45-0303		DATE OF REGISTRATION 08/03/1994
SCIENTIFIC LIST OF CONDITIONS LEADING TO IMMEDIATE CAUSE OF DEATH End stage Parkinson's disease		IMMEDIATE CAUSE OF DEATH (FATAL DISEASE OR CONDITION HELD IN DEATH CERTIFICATE ONLY) (SEE CAUSE OF DEATH LIST) Sepsis		MIDDLE CAUSE OF DEATH (CONSEQUENCE OF IMMEDIATE CAUSE) Urinary tract infection		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I End stage Parkinson's disease		TOPOSY (Specify Yes or No) NO		WAS CASE REFERRED TO MEDICAL EXAMINER? NO		
MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PEERICAL INVESTIGATION <input type="checkbox"/> UNK. TRAINED		DATE OF INJURY MO. DAY YR. HOUR 52 53 54 55		PLACE OF INJURY (If home, farm, street, factory, office building, etc.) 56		
SUPPLEMENTARY ENTRIES		WHERE LOCATED? 57		STREET ADDRESS 58		

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

DATE ISSUED **JUL 18 1995**

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:

Renee Gaudino
RENEE GAUDINO
Assistant State Registrar

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