

Recorded at the Request of:

BK	FEE
	5
MP	54
PCL	55
	51
5/08	



INSTRUMENT # 9705885  
 OFFICIAL RECORDS OF  
 YAVAPAI COUNTY  
 PATSY C. JENNEY-COLON  
 REQUEST OF:

PATRICIA WHITTED  
 DATE: 02/04/97 TIME: 11:00  
 FEE: 5.00 SC: 4.00 FT: 1.00  
 BOOK 3353 PAGE 023 PAGES: 002

When Recorded, Mail to:

Patricia Whitted  
 P.O. Box 297  
 Ash Fork, Az. 86320

Death Certificate

UNOFFICIAL COPY

BOOK 3353 PAGE 23

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA  
Certified Copy of Vital Record

ORIGINAL  
STATE COPY

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

DEATH NO. D 102- 93-028249

1 NAME OF DECEASED A FIRST Belden B MIDDLE Omer C LAST Whitted		SEX MALE		DATE OF DEATH MONTH NOVEMBER 28, 1993 DAY YEAR	
2 RACE WHITE		3 WAS DECEASED OF HISPANIC ORIGIN (SPECIFY YES OR NO) NO		4 YES INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	
5 PLACE OF DEATH A COUNTY COCONINO B TOWN OR CITY ASHFORK		6 HOSPITAL OR INSTITUTION 20-MESA DRIVE		7 OF RESIDENCE, GIVE STREET ADDRESS	
8 DATE OF BIRTH MONTH JANUARY 15, 1930 DAY YEAR		9 AGE 63		10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
11 STATE AND CITY OF BIRTH LANSING, MICHIGAN		12 CITIZEN OF WHAT COUNTRY? UNITED STATES		13 SOCIAL SECURITY NO. 379-28-0591	
14 USUAL RESIDENCE A STATE ARIZONA B COUNTY COCONINO C TOWN OR CITY ASHFORK		15 ZIP CODE 86520		16 NEW LEGAL RESIDENCE IN ARIZONA? 24 YEARS	
17 STREET ADDRESS OR R.F.D. 20 MESA DRIVE		18 INSURE CITY LIGHTS? (SPECIFY YES OR NO) NO		19 ON RESERVATION (SPECIFY YES OR NO) NO	
20 FATHER'S NAME Belden Oliver Whitted		21 MOTHER'S MIDDLE NAME Margaret M. Wilkins		22 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) PATRICIA HARVEY	
23 INFORMANT'S SIGNATURE PATRICIA WHITTED		24 RELATIONSHIP TO DECEASED SPOUSE		25 ADDRESS 20 MESA DRIVE ASHFORK, ARIZONA 86320	
26 BURIAL, CREMATION, REMOVAL, OTHER (Specify)		27 DATE DEC 1, 1993		28 CEMETERY OR CREMATION PLANT ASHFORK CEMETERY, ASHFORK, ARIZ.	
29 FUNERAL HOME STEWART CHAPEL 117 SOUTH SLAGEL		30 CITY AND STATE WILLIAMS, ARIZONA		31 FUNERAL DIRECTOR'S NAME AND ADDRESS (If other than funeral home)	
32 SIGNATURE AND TITLE <i>[Signature]</i>		33 DATE SIGNED (MO., DAY, YEAR) NOVEMBER 29, 1993		34 TIME OF DEATH 2:15 P.M.	
35 NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner or Public Health Officer)		36 AUTHORIZED FOR CHEMIST'S TEMPERATURE EXAMINATION (Specify Yes or No)		37 DATE HELD IN STATE OFFICE DEC 20 1993	
38 DATE REGISTERED 11-28-93		39 REGISTERED NO. 369		40 REGISTERED SIGNATURE <i>[Signature]</i>	
41 SIGNATURE AND TITLE <i>[Signature]</i>		42 DATE SIGNED (MO., DAY, YEAR) NOVEMBER 29, 1993		43 TIME OF DEATH 2:15 P.M.	
44 SEVERAL LIST CONDITIONS IF ANY LEADING TO IMMEDIATE CAUSE OF DEATH (Specify Cause of Death)		45 IMMEDIATE CAUSE OF DEATH (If other than pneumonia, specify cause of death)		46 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
47 IMMEDIATE CAUSE OF DEATH Pneumonia		48 IMMEDIATE CAUSE OF DEATH Lung Cancer		49 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
50 PART B - Other significant conditions (concurrent to death and resulting in the underlying cause) (Specify)		51 AUTOPSY (Specify Yes or No) NO		52 WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) NO	
53 MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNKNOWN		54 DATE OF INJURY MO. DAY YEAR		55 PLACE OF INJURY (If none with street address, specify)	
56 SUPPLEMENTARY ENTRIES		57		58	

DATE ISSUED NOV 13 1996

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.P.S. 36-341, and by direction of:

*Rene Gaudino*  
RENE GAUDINO  
Assistant State Registrar

SEAL

BOOK 3353 PAGE 24



1762934

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE