STATE OF ARIZONA

ORIGINAL STATE COPY

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

DEATH NO. D 102-

1 NAME OF DECEASED — A. FIRST: HAROLD — B. MIDDLE: WILLIAM — C. LAST: BERRIER	2 SEX: MALE	3 DATE OF DEATH — MONTH DAY YEAR: SEPTEMBER 6, 1988	
4A RACE (e.g., white, black, American Indian, etc.) SPECIFY: WHITE	B. WAS DECEDENT OF SPANISH ORIGIN. (YES, NO) SPECIFY: NO	C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO
6 PLACE OF DEATH — A. COUNTY: PIMA	B. TOWN OR CITY: TUCSON	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): 3411 S. CAMINO SECO #290	D. ☐ DOA ☐ OP EMER ☐ IN PATIENT
7 DATE OF BIRTH — MONTH DAY YEAR: SEPTEMBER 2, 1929	8A AGE (YEARS LAST BIRTHDAY): 59 — B. IF UNDER 1 YEAR MOS DAYS: — C. IF UNDER 1 DAY HRS. MIN.:	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): CAROLYN WALROD
11 STATE OF (if not in USA, name country) BIRTH: IOWA	12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.	SOCIAL SECURITY NO.: [redacted]	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): BROKER — B. KIND OF BUSINESS OR INDUSTRY: REAL ESTATE
15. USUAL RESIDENCE — A. STATE: ARIZONA	B. COUNTY: PIMA	C. TOWN OR CITY: TUCSON	D. ZIP CODE: 85730
15E STREET ADDRESS OR R.F.D.: #290 3411 S. CAMINO SECO	15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): YES	15G. ON RESERVATION (Specify yes or no): NO	16. HOW LONG IN ARIZONA? YEARS: 8 MONTHS: DAYS: — 17. PREVIOUS STATE OF RESIDENCE: IOWA
18 FATHER'S NAME — A. FIRST: HARRY — B. MIDDLE: I. — C. LAST: BERRIER		19 MOTHER'S MAIDEN NAME — A. FIRST: EVA — B. MIDDLE: M. — C. LAST: KUHN	
20 INFORMANT'S SIGNATURE: R.D. Browder F.D. CAROLYN BERRIER	21. RELATIONSHIP TO DECEASED: WIFE	22. ADDRESS — STREET NO.: #290 — CITY AND STATE: 3411 S. CAMINO SECO TUCSON, AZ — ZIP CODE: 85730	
23 BURIAL, CREMATION, REMOVAL, OTHER (Specify): CREMATION	24. DATE: 9-7-88	25. CEMETERY OR CREMATORY — NAME / LOCATION — STREET ADDRESS — CITY AND STATE: PALMS CREMATORY TUCSON, AZ	26. EMBALMER'S SIGNATURE: NO EMBALMING — 27. CERT. NO.
28 FUNERAL HOME — NAME — STREET ADDRESS — CITY AND STATE: DALTON'S PALMS MORTUARY 5225 E. SPEEDWAY TUCSON, AZ			29. FUNERAL DIRECTOR or person acting as such (SIGNATURE): R. Dani Browder — 30. CERT. NO.: 238

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

31. SIGNATURE AND TITLE: [illegible]

32. DATE SIGNED (Mo., Day, Year): 9-7-88

33. HOUR OF DEATH: 0955

34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

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.

35. SIGNATURE AND TITLE:

36. DATE SIGNED (Mo., Day, Year):

37. HOUR OF DEATH:

38. PRONOUNCED DEAD (Mo., Day, Year) ON:

39. PRONOUNCED DEAD (Hour) AT:

40. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print): DAVID ALBERTS, M.D. 1501 N. CAMPBELL TUCSON, ARIZONA

41 DATE REGISTERED	42. REG. FILE NO.	43. REGISTRAR'S SIGNATURE	44. REG. DISTRICT	45. DATE RCVD IN STATE OFFICE
SEPT. 7, 1988	4109	Geraldine Cumberland, Deputy	1017	

PART I. 46. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST (ENTER ONLY ONE CAUSE ON EACH LINE)

A. IMMEDIATE CAUSE: Endstage, Metastatic Colon Cancer

B. DUE TO, OR AS A CONSEQUENCE OF:

C. DUE TO, OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS AND/OR ENVIRONMENTAL FACTORS (If adult female-was she pregnant within past 90 days?)

47.

48. AUTOPSY (Specify yes or no): NO

49. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no): YES-FOR CREMATION

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

50.

51 DATE OF INJURY — MO DAY YR	52. HOUR M.	53. INJURY AT WORK? (Specify yes or no)	54. DESCRIBE HOW INJURY OCCURRED

55. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:

56. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE:

57. SUPPLEMENTARY ENTRIES:

STATE OF ARIZONA)
COUNTY OF PIMA)

CERTIFIED COPY OF VITAL RECORD

Date issued SEPTEMBER 9, 1988

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

Patricia A. Nolan M.D.
PATRICIA A. NOLAN, M.D.
County Registrar and Director

Michael Checkon
MICHAEL CHECKON
Chief Deputy County Registrar

FILE No. 1-2202
RECORDING FEE $ 5.00
TRANSFER FEE $

FILED FOR RECORD THE 28 DAY OF March, 19 90 AT 11:16 O'CLOCK A. M. BOOK 1 PAGE 217

STATE OF IOWA, DELAWARE COUNTY
Joan Sheppard, Recorder
Misc.