CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

ORIGINAL CERTIFICATE AMENDED
STATE COPY SEE NOTATION

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

DEATH NO. D 102- 94-003895

1. NAME OF DECEASED: A. FIRST	B. MIDDLE	C. LAST	2. SEX	3. DATE OF DEATH: MONTH DAY YEAR
ROBERT	HENRY	BOWERS	MALE	APRIL 12, 1994

4A. RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY:	(SPECIFY YES OR NO)	C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)
WHITE	NO		YES

6. PLACE OF DEATH: A. COUNTY	B. TOWN OR CITY	C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS)	D ☐ DOA ☐ OP EMER. ☐ IN PATIENT
YAVAPAI	COTTONWOOD	512 W. FIR	

7. DATE OF BIRTH: MONTH DAY YEAR	AGE (YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MOS. DAYS	IF UNDER 1 DAY HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
JANUARY 2, 1922	72			MARRIED	PAULA BRUCH

11. STATE AND CITY OF BIRTH (If not in USA, name country)	12. CITIZEN OF WHAT COUNTRY?	13. SOCIAL SECURITY NO.	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired)	14B. KIND OF BUSINESS OR INDUSTRY
MANCHESTER, IOWA	USA	[redacted]	FARMER	AGRICULTURE

15. USUAL RESIDENCE: A. STATE	B. COUNTY	C. TOWN OR CITY	D. ZIP CODE	16. HOW LONG IN ARIZONA?	17. EDUCATION HIGHEST GRADE COMPLETED
ARIZONA	YAVAPAI	COTTONWOOD	86326	8 YEARS	

15E. STREET ADDRESS OR R.F.D.	15F. INSIDE CITY LIMITS? (SPECIFY Yes or No)	15G. ON RESERVATION? (SPECIFY Yes or No)	18. PREVIOUS STATE OF RESIDENCE	ELEMENTARY-SECONDARY (0-12) A.	COLLEGE (1-4 or 5+) B.
512 W. FIR	YES	NO	IOWA	12	

19. FATHER'S NAME: A. FIRST	B. MIDDLE	C. LAST	20. MOTHER'S MAIDEN NAME: A. FIRST	B. MIDDLE	C. LAST
ROBERT	HENRY	BOWERS	ETHEL	MAE	STONE

21. INFORMANT'S SIGNATURE	RELATIONSHIP TO DECEASED	ADDRESS: STREET NO.	CITY AND STATE	ZIP CODE
▶ PAULA BOWERS	SPOUSE	512 W. FIR	COTTONWOOD, ARIZONA	86326

24. BURIAL, CREMATION, REMOVAL, OTHER (Specify)	25. DATE	26. CEMETERY OR CREMATORY (NAME)	27A. EMBALMER'S SIGNATURE	CERT. NO. B.
CREMATION	APRIL 14, 1994	SEDONA FUNERAL HOME SEDONA, ARIZONA	▶ NOT EMBALMED	

28. FUNERAL HOME NAME	STREET ADDRESS	CITY AND STATE	29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE)	CERT. NO. B.
WESTCOTT FUNERAL HOME	1013 E. MINGUS	COTTONWOOD, ARIZONA	▶	123A

To be completed by CERTIFYING PHYSICIAN ONLY

30. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
30. SIGNATURE AND TITLE ▶ David G. Wells
31. DATE SIGNED (Mo., Day, Year): APRIL 13, 1994
32. HOUR OF DEATH: 7:20 PM
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)

To be completed by MEDICAL EXAMINER or AUTHORIZED LAW ENFORCEMENT AGENT

34. 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
34. SIGNATURE AND TITLE
35. DATE SIGNED (Mo., Day, Year)
35. HOUR OF DEATH
37. PRONOUNCED DEAD (Date)
37. PRONOUNCED DEAD (Hour) 38. AT

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print)	40. AUTHORIZED FOR CREMATION (SPECIFY Yes or No)	41. MEDICAL EXAMINER'S SIGNATURE:
DAVID G. WELLS, MD 300 S. WILLARD STE 103 COTTONWOOD, ARIZONA	YES	

42. DATE REGISTERED	43. REG. FILE NO.	44. REGISTRAR'S SIGNATURE	45. REG. DISTRICT	46. DATE RECD. IN STATE OFFICE
April 13 1994	132	▶	1321	APR 14 1994

47. PART I. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Malignant Metastatic Fibrohistiocytoma — W3 — 10 yrs
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 contributing to death but not resulting in the underlying cause given in Part I

48.	AUTOPSY (Specify Yes or No) 49.	WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 50.
	NO	YES

51. MANNER OF DEATH	52. DATE OF INJURY MO DAY YR	53. HOUR	54. INJURY AT WORK? (Specify Yes or No)	55. DESCRIBE HOW INJURY OCCURRED
☒ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED				

56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY	57. WHERE LOCATED?	STREET ADDRESS	CITY OR TOWN	STATE

SUPPLEMENTARY ENTRIES
58. 05-25-94 ITEM #13 CORRECTED PER:PATRICK J.WESTCOTT,WESTCOTT FUNERAL HOME,INC../J.J.5-31-94

DATE ISSUED

This is a true and exact reproduction of the document officially registered in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of Section 36-326, and by direction of:

Renée Gaudino
RENEE GAUDINO
Assistant State Registrar

1381227

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

For Release, See Book ___ Page ___

FILE No. 106-2158
RECORDING FEE $ 6.00
TRANSFER FEE $

FILED FOR RECORD THE 23 DAY OF Feb. 19 95 AT 2:18 O'CLOCK P M BOOK 5 PAGE 110

STATE OF IOWA, DELAWARE COUNTY
Deborah L. Peyton, Recorder
Misc.