

CERTIFICATION OF VITAL RECORD

"VERIFICATION BOX" (HOLD BETWEEN THUMB AND FOREFINGER, OR BREATHE ON IT. COLOR WILL CHANGE TO BLUE AND THEN RETURN.)

STATE OF ARIZONA

ORIGINAL STATE COPY

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

DEATH NO. D-102 2006 - 033133

1. NAME OF DECEASED A. FIRST: RAYMOND B. MIDDLE: ARTHUR C. LAST: KELLER		2. SEX: MALE	3. DATE OF DEATH MONTH: SEPTEMBER DAY: 16 YEAR: 2006	
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.): White		4B. WAS DECEDENT OF HISPANIC ORIGIN: No		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
6. PLACE OF DEATH 6A. COUNTY: Maricopa 6B. TOWN OR CITY: Tempe		4C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): 942 E. Broadmor Dr.		5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): Yes
7. DATE OF BIRTH MONTH: February DAY: 24 YEAR: 1928		8A. AGE (YEARS LAST BIRTHDAY): 78	8B. IF UNDER 1 YEAR MOS. DAYS:	8C. IF UNDER 1 DAY HRS. MIN.:
11. STATE AND CITY OF BIRTH (if not in USA, name country): Enfield, Connecticut		12. CITIZEN OF WHAT COUNTRY? SPECIFY: U.S.A.		13. SOCIAL SECURITY NO.: 047-20-0980
15. USUAL RESIDENCE 15A. STATE: Arizona 15B. COUNTY: Maricopa 15C. TOWN OR CITY: Tempe		15D. ZIP CODE: 85282	16. HOW LONG IN ARIZONA?: 30 Years	17. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Chiropractor
15E. STREET ADDRESS OF R.F.D.: 942 E. Broadmor Dr.		15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): Yes	15G. ON RESERVATIONS (SPECIFY Yes or No): No	18. PREVIOUS STATE OF RESIDENCE: Connecticut
19. FATHER'S NAME A. FIRST: Arthur B. MIDDLE: Keller C. LAST: Keller		20. MOTHER'S MAIDEN NAME A. FIRST: Margaret B. MIDDLE: Richards C. LAST: Richards		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Dolores Riegel
21. INFORMANT'S SIGNATURE: By: Robert Drechsler		22. RELATIONSHIP TO DECEASED: Daughter		23. ADDRESS: 30 W. Crow St., Flagstaff, AZ 86001
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial		25. DATE: 09-23-06	26. CEMETERY OR CREMATORY - NAME/LOCATION: St. Francis Cemetery Phoenix, Arizona	
28. FUNERAL HOME: Messinger Indian School Mortuary		29. NAME: E. Indian School Rd., Scottsdale, AZ 85251		27A. EMBALMER'S SIGNATURE: Robert Drechsler
30. SIGNATURE AND TITLE: Sally Kalpakoff		31. DATE SIGNED (Mo., Day, Year): September 19, 2006		32. HOUR OF DEATH: 11:30 P.M.
33. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY: Sally Kalpakoff, DO, 1510 E. Flower St., Phoenix, Arizona 85014		34. SIGNATURE AND TITLE: Robert Drechsler		35. DATE SIGNED (Mo., Day, Year):
42. DATE REGISTERED: SEP 22 2006		43. REG. FILE NO.: 19759	44. REGISTRAR'S SIGNATURE: [Signature]	
47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.		47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Malignant Melanoma		47B. DUE TO OR AS A CONSEQUENCE OF: Unknown
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I		49. AUTOPSY (Specify Yes or No): No		50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): No
51. SUPPLEMENTARY ENTRIES		52. DATE OF INJURY: MO DAY YR HOUR		53. INJURY AT WORK? (Specify Yes or No)
54. MANNER OF DEATH: NATURAL CAUSES, ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, UNDETERMINED		55. DESCRIBE HOW INJURY OCCURRED		56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)

3482847A

Sep 26, 2006

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Patricia Adams

PATRICIA ADAMS ASSISTANT STATE REGISTRAR

Arizona Department of Health Services

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT