

**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 <b>RAYMOND ARTHUR KELLER</b>		2. SEX <b>MALE</b>		3. DATE OF DEATH <b>SEPTEMBER 16, 2006</b>			
4A. RACE (e.g., white, black, American Indian, (specify tribe) etc.) <b>White</b>		4B. WAS DECEDENT OF HISPANIC ORIGIN: (SPECIFY YES OR NO) <b>No</b>		4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.		5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) <b>Yes</b>	
6. PLACE OF DEATH <b>Maricopa</b>		6B. TOWN OR CITY <b>Tempe</b>		6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) <b>942 E. Broadmor Dr.</b>			6D. <input type="checkbox"/> DOA <input type="checkbox"/> OF EMER. <input type="checkbox"/> IN PATIENT
7. DATE OF BIRTH <b>February 24, 1928</b>		8A. AGE (YEARS LAST BIRTHDAY) <b>78</b>		8B. IF UNDER 1 YEAR MOS. DAYS		8C. IF UNDER 1 DAY HRS. MIN.	
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Dolores Riegel</b>					
11. STATE AND CITY OF BIRTH <b>Enfield, Connecticut</b>		12. CITIZEN OF WHAT COUNTRY? SPECIFY <b>U.S.A.</b>		13. SOCIAL SECURITY NO. <b>047-20-0980</b>		14. USUAL OCCUPATION (Give kind of work done most of working life, even if retired) <b>Chiropractor</b>	
15. USUAL RESIDENCE <b>Arizona</b>		15A. STATE <b>Maricopa</b>		15B. COUNTY <b>Tempe</b>		15C. TOWN OR CITY <b>85282</b>	
15D. ZIP CODE <b>85282</b>		16. HOW LONG IN ARIZONA? <b>30 Years</b>		17. EDUCATION HIGHEST GRADE COMPLETED <b>5+</b>			
15E. STREET ADDRESS OF R.F.D. <b>942 E. Broadmor Dr.</b>		15F. INSIDE CITY LIMITS? (SPECIFY Yes or No) <b>Yes</b>		15G. ON RESERVATIONS (SPECIFY Yes or No) <b>No</b>		18. PREVIOUS STATE OF RESIDENCE <b>Connecticut</b>	
15H. ELEMENTARY SECONDARY (0-12) <b>5+</b>		15I. COLLEGE (1-4 or 5+)					
19. FATHERS NAME <b>Arthur Keller</b>		20. MOTHERS MAIDEN NAME <b>Margaret Richards</b>					
21. INFORMANT'S SIGNATURE <i>By: Robert Drechsler</i>		22. ADDRESS OF DECEASED <b>30 W. Crow St., Flagstaff, AZ 86001</b>		23. CITY AND STATE ZIP CODE <b>Flagstaff, AZ 86001</b>			
24. BURIAL <b>Burial</b>		25. DATE <b>09-23-06</b>		26. CEMETERY OR CREMATORY - NAME/LOCATION <b>St. Francis Cemetery Phoenix, Arizona</b>		27A. EMBALMER'S SIGNATURE <i>Robert Drechsler</i>	
27B. CERT. NO. <b>27B.659</b>		28. FUNERAL HOME <b>Messinger Indian School Mortuary</b>		28. NAME <b>7601 E. Indian School Rd., Scottsdale, AZ 85251</b>		29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE) <i>Robert Drechsler</i>	
29B. CERT. NO. <b>29B.477</b>		30. SIGNATURE AND TITLE <i>Sally Kalpakoff</i>		31. DATE SIGNED (Mo., Day, Year) <b>September 19, 2006</b>		32. HOUR OF DEATH <b>11:30 P.M.</b>	
33. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY <b>Sally Kalpakoff, DO, 1510 E. Flower St. Phoenix, Arizona 85014</b>		34. SIGNATURE AND TITLE <i>Robert Drechsler</i>		35. DATE SIGNED (Mo., Day, Year)		36. HOUR OF DEATH	
37. ON		38. AT		39. PRONOUNCED DEAD (Mo., Day, Year)		38. AT	
40. AUTHORIZED FOR CREMATION (SPECIFY) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41. MEDICAL EXAMINER'S SIGNATURE					
42. DATE REGISTERED <b>SEP 22 2006</b>		43. REG. FILE NO. <b>19759</b>		44. REGISTRAR'S SIGNATURE <i>Sally Kalpakoff</i>		45. REG. DISTRICT <b>0708</b>	
46. DATE RECD IN STATE OFFICE		47A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE) <b>Malignant Melanoma</b>		47B. DUE TO OR AS A CONSEQUENCE OF:		47C. DUE TO OR AS A CONSEQUENCE OF:	
48. MANNER OF DEATH <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED		49. DATE OF INJURY MO DAY YR HOUR <b>SEP 16 2006</b>		50. INJURY AT WORK? (Specify Yes or No) <b>No</b>		51. DESCRIBE HOW INJURY OCCURRED <b>Unknown</b>	
52. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>FOR GOVERNMENT USE ONLY</b>		53. WHERE LOCATED?		54. STREET ADDRESS		55. CITY OR TOWN STATE	
56. SUPPLEMENTARY ENTRIES		57.					

Sep 26, 2006

*Patricia Adams*

**PATRICIA ADAMS  
ASSISTANT STATE REGISTRAR**

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:

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

**Arizona  
Department of  
Health Services**

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT

374084E3