

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA

DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION

CERTIFICATE OF DEATH

DEATH NO
D 102-

NAME OF DECEASED
1. **MARILYN ELAINE RORICK** SEX **Female** DATE OF DEATH **March 28, 1988**

RACE (e.g., white, black, American Indian, etc.) SPECIFY
4A **White** WAS DECEDENT OF SPANISH ORIGIN (YES, NO) SPECIFY **No** IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC. **C** WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO) **No**

PLACE OF DEATH
6 **Maricopa** B TOWN OR CITY **Phoenix** C HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS) **Good Samaritan Medical Center** D DOA OP EMER IN PATIENT

DATE OF BIRTH **August 14, 1940** AGE (YEARS LAST BIRTHDAY) **47** IF UNDER 1 YEAR MOS DAYS **B** IF UNDER 1 DAY HRS MIN **C** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **9 Married** SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) **10 Matthew Rolfson Rorick**

STATE OF (if not in USA, name country) BIRTH **11 California** CITIZEN OF WHAT COUNTRY? SPECIFY **12 U.S.A.** SOCIAL SECURITY NO **13 [REDACTED] 4283** USUAL OCCUPATION (Give kind of work done most of working life, even if retired) **14A Homemaker** KIND OF BUSINESS OR INDUSTRY **15 Own Home**

USUAL RESIDENCE
15 **Arizona** B COUNTY **Yavapai** C TOWN OR CITY **Dewey** D ZIP CODE **86327**

STREET ADDRESS OR P.O. BOX
16 **1084 Manzanita Trail** INSIDE CITY LIMITS? (SPECIFY Yes or No) **15F No** ON RESERVATION (Specify yes or no) **15G No** HOW LONG IN ARIZONA? YEARS MONTHS DAYS **16 10** PREVIOUS STATE OF RESIDENCE **17 California**

FATHER'S NAME
18 **Meredith Eldreth Tyrell** MOTHER'S MAIDEN NAME **19 Ethel Randine Rogness**

INFORMANT'S SIGNATURE **Matthew R. Rorick** RELATIONSHIP TO DECEASED **21 Husband** ADDRESS STREET NO CITY AND STATE ZIP CODE **22 1084 Manzanita Trail, Dewey, AZ 86327**

FINAL CREMATION, REMOVAL, OTHER (Specify)
3 **Cremation** DATE **24 3/30/88** CEMETERY OR CREMATORY - NAME / LOCATION **25 Deca Services Crematory, Phoenix, AZ** EMBALMER'S SIGNATURE **26 Not Embalmed** CERT NO **27**

FUNERAL HOME NAME STREET ADDRESS CITY AND STATE
28 Arizona Ruffner WakeLin, 303 S. Cortez, Prescott, AZ FUNERAL DIRECTOR or person acting as such (SIGNATURE) **29 [Signature]** CERT NO. **30**

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.		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.	
	SIGNATURE AND TITLE [Signature]			SIGNATURE AND TITLE [Signature]	
	DATE SIGNED (Mo., Day, Year) 32 Mar 30 1988			DATE SIGNED (Mo., Day, Year) 36	
	HOUR OF DEATH 33 1115 A.M.			HOUR OF DEATH 37	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 34		PRONOUNCED DEAD (Mo., Day, Year) 38 ON		PRONOUNCED DEAD (Hour) 39 AT	

NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print)
35 George E. Burdick, M.D., 376 E. Virginia Ave Phx, AZ 85004

DATE REGISTERED **PR - 1 4088** REG FILE NO **42 41730** REGISTRAR'S SIGNATURE **[Signature]** REG DISTRICT **0103** DATE RCVD IN STATE OFFICE **45**

PART I
A IMMEDIATE CAUSE **Hepatic Trauma** (ENTER ONLY ONE CAUSE ON EACH LINE)
B DUE TO, OR AS A CONSEQUENCE OF: **Liver Failure**
C DUE TO, OR AS A CONSEQUENCE OF: **Cirrhosis of Liver**
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?) **48** AUTOPSY (Specify yes or no) **49** WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) **49**

INNER OF DEATH
 NATURAL CAUSES HOMICIDE DATE OF INJURY MO DAY YR HOUR **51** INJURY AT WORK? (Specify yes or no) **52 M** DESCRIBE HOW INJURY OCCURRED **54**
 ACCIDENT PENDING INVESTIGATION PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY **55** WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE **56**
 SUICIDE UNDETERMINED

COMPLEMENTARY ENTRIES

CERTIFIED COPY OF VITAL RECORD APRIL 4, 1988

STATE OF ARIZONA)
COUNTY OF MARICOPA) ss

DATE ISSUED

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

Dean L. Benson

DEAN L. BENSON
Chief Deputy County Registrar
Maricopa County Department of Health Services

0421928

This copy not valid unless prepared on the prescribed border displaying county seal in color and impressed with raised seal of issuing agency.

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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COPY

REQUESTED BY
Stewart Title of Douglas County

IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

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RECORDER
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