5/11/2007

04

Arizona Department of Health Services
Office of Vital Records
Non Certified Death Fact Sheet

0604022861

Death Certificate: 102-2006-022861 Death State: ARIZONA

Death Fact Sheet for: RICHARD LEONARD ZIEMBA

Gender: MALE Death Date: 06/18/2006

Race: CAUCASIAN

Tribal: Military service: No

Hispanic Origin: NON-HISPANIC

Death County: COCONINO Death City: BLUE RIDGE RANGER STATION

Facility:

Death Status: OTHER

Birth Date: 06/11/1947 Decedent Age: 59 YEARS

Marital Status: DIVORCED

Spouse's Name:

Birth Country: UNITED STATES Birth State: OHIO

Birth City: CLEVELAND Citizen of: UNITED STATES SSN: [redacted]

Occupation: PRESSMAN Industry: NEWSPAPER

Residence Country: UNITED STATES Residence State: ARIZONA

Residence County: MARICOPA Residence City: GILBERT

Residence Zip Code: 85296 Time in Arizona: 16 YEARS Education: 12

Residence Address: 1830 EAST ERIE STREET

Inside City Limits: Yes On Reservation: No Previous Residence State: OHIO

Father's Name: JOHN ZIEMBA

Mother's Name: GENEVIVE K UNKNOWN

Informant Name: MICHAEL R ZIEMBA

Relationship: RELATIVE

Address: 1830 EAST ERIE STREET

City: GILBERT State: ARIZONA Zip: 85296

Disposition: CREMATION

Certifier Date: Death Time:

Attending Physician:

ME Date Signed: 6/19/2006 ME Death Time:

Pronounced Date: 6/18/2006 Pronounced Time: 16:45 MILITARY

Certifier or ME: LAWRENCE CZARNECKI DO

Address: 2500 NORTH FORT VALLEY ROAD

City: FLAGSTAFF State: ARIZONA

V86C

For Government Use Only

5/11/2007

Arizona Department of Health Services
Office of Vital Records
Non Certified Death Fact Sheet

Death Certificate: 102-2006-022861 Death State: ARIZONA

Death Fact Sheet for: RICHARD LEONARD ZIEMBA

Cremation Auth: Yes

Date Registered: 06/27/2006 Registrar File Number: C - 346

Registrar District: 0305 Date Received: 07/26/2006

Cause of Death: A. BLUNT FORCE INJURIES OF HEAD

B.

C.

D.

CDC II:

ICD Code: V860 ICD 10

Supplemental CDD:

Autopsy: Yes Referred to ME: Yes

Manner Of Death: ACCIDENT

Injury Date: 6/18/2006 Injury Time:

Injury at Work?: No

Injury Desc: ATV ACCIDENT DRIVER NO HELMET

Injury Place Desc: PUBLIC RECREATION AREA

Place of Injury Desc: FOREST ROAD

Accident Status : NOT APPLICABLE

Accident Type: OTHER AND UNSPECIFIED MOTOR VEHICLE

Activity Description: DURING UNSPECIFIED ACTIVITY

Injury Address: FS 751 TRAIL 18 BLUE RIDGE ARIZONA

Transportation Accident: DRIVER/OPERATOR

For Government Use Only

5 V86 0705006868

2007-006868

ARKANSAS DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health – Vital Records

APR 1 0 2007

CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

FOR INSTRUCTIONS SEE HANDBOOK 10

1 DECEDENT'S NAME (First, Middle, Last): Faith Elizabeth Reed
2 SEX: Female
3 DATE OF DEATH (Month, Day, Year): March 25, 2007
4 SOCIAL SECURITY NUMBER: [redacted]
5a AGE – Last Birthday (Years): 2
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Month, Day, Year): Dec.3, 2004
7 BIRTHPLACE (City and State or Foreign Country): Pine Bluff,Ar
8 WAS DECEDENT EVER IN U S ARMED FORCES? (Yes or No): No
9a PLACE OF DEATH (Check only one): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☒ DOA; OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)
9b FACILITY NAME (If not institution, give street and number): Drew Memorial Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Monticello
9d COUNTY OF DEATH: Drew
10. MARITAL STATUS – Married, Never Married, Widowed, Divorced (Specify): Never Married
11. SURVIVING SPOUSE (If wife, give maiden name): NA
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): NA
12b. KIND OF BUSINESS/INDUSTRY: NA
13a RESIDENCE – STATE: Arkansas
13b COUNTY: Cleveland
13c CITY, TOWN, OR LOCATION: Rison
13d STREET AND NUMBER: 240 Blue Rock Road
13e. INSIDE CITY LIMITS? (Yes or No): No
13f. ZIP CODE: 71665
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes – If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☒ No ☐ Yes Specify
15 RACE – American Indian, Black, White, etc (Specify): White
16 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): -0- ; College (1-4 or 5+): -0-
17. FATHER'S NAME (First, Middle, Last): Chris Reed
18 MOTHER'S NAME (First, Middle, Maiden Surname): Elizabeth Ann Harper
19a. INFORMANT'S NAME (Type/Print): Chris Reed
19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 240 Blue Rock Road, Rison Ar. 71665
20a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
20b. DATE OF DISPOSITION (Month, Day, Year): March 28, 2007
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Rowell Cemetery
20d LOCATION – City or Town, State: Rowell, Arkansas
21a SIGNATURE OF EMBALMER: [signature]
21b. LICENSE NUMBER: 1803
22a NAME AND ADDRESS OF FUNERAL HOME: Griffin Funeral Service P O Box 516, Star City Ar. 71667
22b. LICENSE NUMBER: #154

23 PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (First disease or condition resulting in death) → a. Asphyxiation — Approximate Interval Between Onset and Death: Minute
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST
b. Drowning
DUE TO (OR AS A CONSEQUENCE OF)
c.
DUE TO (OR AS A CONSEQUENCE OF)
d.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

24. WAS AN AUTOPSY PERFORMED? (Yes or No): No
25. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No): No
26. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Could not be Determined ☐ Pending Investigation
27 DATE OF INJURY (Month, Day, Year): March 24,2007
28 TIME OF INJURY: 11:00 P M
29 INJURY AT WORK? (Yes or No): No
30. DESCRIBE HOW INJURY OCCURRED: Passenger on Polaris Ranger ATV that ran in a reservoir
31. PLACE OF INJURY – At home, farm, street, factory, office building, etc. (Specify): Dirt Race Track
32. LOCATION (Street and Number or Rural Route Number, City or Town, State): Monticello Speedway - Hwy 425 South Monticello, AR
33. TIME OF DEATH: pronounced 00:08 A M
34 DATE PRONOUNCED DEAD (Month, Day, Year): March 25, 2007
35 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or No): Yes, Coroner
36. MEDICAL EXAMINER or CORONER Only: 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 as stated
Signature and Title ➤ Larry Scogin, Deputy Coroner
37 DATE SIGNED (Month, Day, Year): March 31,2007
38 CERTIFYING PHYSICIAN/ REGISTERED NURSE (Hospice only): To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated
Signature and Title ➤
39 DATE SIGNED (Month, Day, Year):
40. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Type/Print): Larry Scogin, PO Box 506, Monticello, AR 71657
41. REGISTRAR'S SIGNATURE: Sheila Haskett, D.R.
42 DATE FILED (Month, Day, Year): April 5,2007

VR-2 (01/05)

V861

0805017230

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TYPE / PRINT IN PERMANENT BLACK INK SEE INSTRUCTIONS

05

AUG 1 4 2008

ARKANSAS DEPARTMENT OF HEALTH
Vital Records
CERTIFICATE OF DEATH

08 017230

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix): Mirko William Sanders
2. SEX: Male
3a. DATE OF DEATH (Mo/Day/Yr): August 2, 2008
3b. TIME OF DEATH: 11:00 ☐ AM ☒ PM
4. SOCIAL SECURITY NO: [redacted]
5a. AGE - Last Birthday (Years): 41
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo/Day/Yr): [redacted]
7. BIRTHPLACE (City and State or Foreign Country): Asweiler, West Germany
8a. RESIDENCE - STATE or FOREIGN COUNTRY: Arkansas
8b. COUNTY: Craighead
8c. CITY OR TOWN: Jonesboro
8d. NUMBER AND STREET: [redacted]
8e. APT NO.:
8f. ZIP CODE: 72401
8g. INSIDE CITY LIMITS? ☐ Yes ☒ No
9. EVER IN US ARMED FORCES? ☐ Yes ☒ No
10. MARITAL STATUS AT TIME OF DEATH: ☐ Married ☐ Widowed ☐ Never Married ☐ Married, but Separated ☒ Divorced ☐ Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage): none
12a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ Emergency Room / Outpatient ☐ Dead on Arrival
12b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: ☐ Decedent's Home ☐ Hospice Facility ☐ Nursing Home/ Long Term Care Facility ☒ Other (Specify) Creek
12c. COUNTY OF DEATH: Sharp
12d. FACILITY NAME (If not institution, give street address): [redacted]
12e. CITY OR TOWN: Center
12f. ZIP CODE: 72542
13. FATHER'S NAME (First, Middle, Last): [redacted]
14. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): [redacted]
15a. INFORMANT'S NAME: [redacted]
15b. RELATIONSHIP TO DECEDENT: Father
15c. MAILING ADDRESS (Number and Street or PO Box, City, State, Zip Code): [redacted]
16a. METHOD OF DISPOSITION: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
16b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Emerson Cremation Services
16c. LOCATION - CITY, TOWN, AND STATE: Jonesboro, Arkansas
17a. EMBALMER'S NAME: ☒ Not Embalmed
17b. EMBALMER'S LICENSE #:
17c. SIGNATURE (FUNERAL SERVICE LICENSEE OR OTHER AGENT): Rob Donner
17d. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Emerson Funeral Home 1629 E. Nettleton Jonesboro AR 72401
17e. LICENSE #: 229

To Be Completed / Verified by FUNERAL DIRECTOR

18a. DATE PRONOUNCED DEAD (Mo/Day/Yr): Aug. 2, 2008
18b. TIME PRONOUNCED DEAD: 11:00 ☐ AM ☒ PM
18c. NAME AND TITLE OF PERSON PRONOUNCING DEATH (PRINT / TYPE): Alan Price, deputy coroner
19. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☒ Yes ☒ No

NAME OF DECEDENT

To be completed / Verified by MEDICAL CERTIFIER

CAUSE OF DEATH

20. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Drowning
Due to (or as a consequence of)
b. Due to ATV accident
Due to (or as a consequence of)
c.
Due to (or as a consequence of)
d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

APPROXIMATE INTERVAL Onset to Death

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

21a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
21b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☒ No

22. MANNER OF DEATH: ☐ Natural ☒ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
23. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown
24. IF FEMALE: ☐ Not pregnant within past year ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death
25a. DATE OF INJURY (Mo/Day/Yr): August 2, 2008
25b. TIME OF INJURY: 11:00 ☐ AM ☒ PM
25c. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area): Wooded area, creek
25d. INJURY AT WORK? ☐ Yes ☒ No
25e. LOCATION OF INJURY (Number, Street, Apartment No., City, State, Zip Code): [redacted]
25f. DESCRIBE HOW INJURY OCCURRED: Drove off a low water bridge with a Polaris Ranger ATV.
25g. IF TRANSPORTATION INJURY, SPECIFY: ☒ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

V86
V465

26a. CERTIFIER (Check only one):
☐ Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
☐ Pronouncing & Certifying Physician - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.
☐ Medical Examiner - 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.
☒ Coroner - 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.
☐ Hospice Registered Nurse - To the best of my knowledge, death occurred due to the cause(s) and manner stated.

SIGNATURE: Alan Price TITLE: Dep Coroner DATE: August 4, 2008 (Mo/Day/Yr)

26b. NAME AND COMPLETE MAILING ADDRESS OF PERSON SIGNING ITEM 26a (Type / Print): Alan Price P.O. Box 146 Harding Arkansas
26c. LICENSE #: SC-24

27a. SIGNATURE OF REGISTRAR: [signature]
27b. FOR REGISTRAR ONLY - DATE FILED (Mo/Day/Yr): August 12, 2008

For Statistical Use Only

To be completed / Verified by FUNERAL DIRECTOR

28. DECEDENT'S EDUCATION. Check the box that best describes the highest degree or level of school completed at the time of death:
☐ 8th grade or less
☒ 9th - 12th grade, no diploma
☐ High school graduate or GED completed
☐ Some college credit, but no degree
☐ Associates degree (e.g. AA, AS)
☐ Bachelor's degree (e.g. BA, AB, BS)
☐ Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

29. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.
☒ No, not Spanish/Hispanic/Latino
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish/Hispanic/Latino (Specify)

30. DECEDENT'S RACE. (Check one or more races to indicate what the decedent considered himself or herself to be)
☒ White
☐ Black or African American
☐ American Indian or Alaskan Native (Name of the enrolled or principal tribe)
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Vietnamese
☐ Other Asian (Specify)
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (Specify)
☐ Other (Specify)

31. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED): Auto Tech
32. KIND OF BUSINESS / INDUSTRY: Automotive

VR-2 (12/07)

0849 008704

5549

CERTIFICATE OF DEATH

State File Number: 2008008704

Lyndzee Lurene Robbins

DECEDENT INFORMATION

Date of Death:	July 28, 2008	Time of Death:	19:46
City of Death:	Mt Pleasant	County of Death:	Sanpete
Age:	11	Date of Birth:	April 15, 1997
Place of Birth:	Payson, Utah	Sex:	Female
Armed Services:	No	Marital Status:	Never Married
Spouse's Name:		Usual Occupation:	Child
Industry/Business:	Child	Education:	8th Grade or Less
Residence:	Ephraim, Utah	Father's Name:	Donald Kent Robbins
Mother's Name:	Diana Lynn Beins	Facility Type:	Hospital ER
Facility or Address:	Sanpete Valley Hospital		

INFORMANT INFORMATION

Name:	Diana Lynn Robbins	Relationship:	Mother
Mailing Address:	943 South 1070 East, Ephraim, Utah 84627		

DISPOSITION INFORMATION

Method of Disposition:	Burial
Place of Disposition:	Ephraim Park Cemetery, Ephraim, Utah
Date of Disposition:	August 2, 2008

FUNERAL HOME INFORMATION

Funeral Home:	Rasmussen Mortuary
Address:	96 North 100 West, Mt Pleasant, Utah 84647
Funeral Director:	Jeffrey D Rasmussen

MEDICAL CERTIFICATION

Certifying Physician: Edward A Leis MD, Office of the Medical Examiner, 48 North Mario Capecchi Drive, Salt Lake City, Utah 84113

CAUSE OF DEATH

Crush injury to the head
ATV accident
Tobacco Use: Non-user
Medical Examiner Contacted: Yes Autopsy Performed: Yes Autopsy Available: Yes Manner of Death: Accident

INJURY INFORMATION

Date of Injury:	July 28, 2008	Time of Injury:	19:15
Injury at Work:	No	Place of Injury:	Street
Location of Injury:	917 E. Canyon Road, Ephraim, Utah		
How Injury Occurred:	Passenger in ATV that rolled.		
Motor Vehicle Accident:	Passenger		

V86

Date Issued: February 9, 2009

SC-40

1040005661

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

005661

LOCAL FILE NUMBER — STATE FILE NUMBER

1 DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix): NEWT Dawson DAVIS

2 SEX: M

3 SOCIAL SECURITY NUMBER: [redacted]

4 EVER IN US ARMED FORCES? [ ] Yes [X] No

5a AGE- Last Birthday (years): 7

5b Under 1 Year: Months Days

5c Under 1 Day: Hours Minutes

6. DATE OF BIRTH: 7-24-2002 (Mo/Day/Yr)

7 BIRTHPLACE (City, State, or Foreign Country): Idabel, Oklahoma

8a RESIDENCE-State: Oklahoma

8b. RESIDENCE-County: McCurtain

8c RESIDENCE-City or Town: Battiest

8d RESIDENCE-Zip Code: 74722

8e RESIDENCE-Inside City Limits? [ ] Yes [X] No

8f RESIDENCE-Street and Number: 100 Presley and Newt Lane

8g RESIDENCE-Apartment Number:

9 MARITAL STATUS AT TIME OF DEATH: [ ] Married [X] Never Married [ ] Widowed [ ] Divorced [ ] Married, but separated [ ] Unknown

10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage):

11. FATHER'S NAME (First, Middle, Last): Kevin C. Davis

12 MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Diannia Holmes

13 DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino)
- [X] No, not Spanish/Hispanic/Latino
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Puerto Rican
- [ ] Yes, Cuban
- [ ] Yes, other Spanish/Hispanic/Latino (specify)

14 DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
- [X] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native (Name of enrolled or principal tribe)
- [ ] Asian Indian
- [ ] Chinese
- [ ] Filipino
- [ ] Japanese
- [ ] Korean
- [ ] Vietnamese
- [ ] Other Asian (specify)
- [ ] Pacific Islander (specify)
- [ ] Other (specify)

15 DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)
- [X] 8th grade or less
- [ ] 9th-12th grade, no diploma
- [ ] High school graduate or GED completed
- [ ] Some college credit, but no degree
- [ ] Associate degree (e.g. AA, AS)
- [ ] Bachelor's degree (e.g. BA, AB, BS)
- [ ] Master's degree (e.g. Med, MA, MEng, MSW, MBA)
- [ ] Doctorate or Professional Degree (e.g. PhD, EdD or MD, JD, etc.)

16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) DO NOT USE RETIRED: Student

17 KIND OF BUSINESS/INDUSTRY: Education

18a INFORMANT'S NAME: Diannia Davis

18b RELATIONSHIP TO DECEDENT: Mother

18c MAILING ADDRESS (Street and Number, City, State, Zip Code): PO Box 176 Battiest, OK 74722

19. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal From State [ ] Other (specify)

20 PLACE OF DISPOSITION (Name of cemetery, crematory, other place): Battiest Cemetery

21 LOCATION- City, Town, and State: Battiest, Oklahoma

22 NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY: Bunch-Singleton Funeral Home, 205 N. Broadway Broken Bow, OK 74728

23 SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH: Tena L. Perez

24 FH ESTABLISHMENT LICENSE #: 1673ES

To be completed by the Attending Physician or Medical Examiner

25. PLACE OF DEATH (Check only one, see instructions)

IF DEATH OCCURRED IN A HOSPITAL: [ ] Inpatient [✓] Emergency Room/Outpatient [ ] Dead on Arrival

IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: [ ] Hospice [ ] Nursing Home or Long Term Care Facility [ ] Decedent's Home [ ] Other (Specify)

26 FACILITY NAME (If not institution, give street & number): MCCURTAIN MEMORIAL HOSPITAL

27 CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH: IDABEL, OKLAHOMA

28 COUNTY OF DEATH: MCCURTAIN

29 DATE OF DEATH (Mo/Day/Yr): 02/28/2010

30 TIME OF DEATH: 17 40

31 WAS MEDICAL EXAMINER CONTACTED? [✓] Yes [ ] No

32 WAS AN AUTOPSY PERFORMED? [ ] Yes [✓] No

33 WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? [ ] Yes [ ] No

CAUSE OF DEATH (See Instructions and Examples)

34 PART I. Enter the chain of events- diseases, injuries, or complications- that directly caused the death. DO NOT enter terminal events such as cardiac arrest or respiratory arrest, ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

Approximate interval Onset to death.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. BLUNT HEAD TRAUMA — Undetermined

Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate cause listed on line a.
b. V 865 = Driver of all terrain vehicle off-road

Due to (or as a consequence of)

Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
c. motor vehicle injured in non traffic accident

Due to (or as a consequence of)

1000806
d.

35 PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

36 MANNER OF DEATH: [ ] Natural [ ] Homicide [✓] Accident [ ] Suicide [ ] Pending Investigation [ ] Could not be determined

37. IF FEMALE: [ ] Not pregnant within past year [ ] Pregnant at time of death [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Unknown if pregnant within the past year

38 DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [✓] No [ ] Probably [ ] Unknown

39 DATE OF INJURY (Mo/Day/Yr): 2/28/2010

40 TIME OF INJURY: UNKNOWN

41 PLACE OF INJURY (e.g. Decedent's home, construction site, wooded area): LAND

42 DESCRIBE HOW INJURY OCCURRED: ALL TERRAIN VEHICLE

43 INJURY AT WORK: [ ] Yes [✓] No

44 LOCATION OF INJURY: State: City or Town: BATTIST Zip Code:
Street & Number: 2 MILES EAST OF BATTIST ON PRIVATE PROPERTY Apartment Number:

45 IF TRANSPORTATION INJURY, SPECIFY: [✓] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (specify)

46 CERTIFIER (Check only one)

ATTENDING PHYSICIAN [ ] Physician in charge of the patient's care [ ] Physician in attendance at time of death only
To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

[✓] MEDICAL EXAMINER 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.

Signature of Certifier:

47 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34): JOSHUA LANTER M.D., 1115 W. 17TH, TULSA, OK 74107

48 LICENSE NUMBER: 26295

49 DATE CERTIFIED (Mo/Day/Yr): 3/1/2010

50 REGISTRAR'S SIGNATURE (Local): Dammise Whaley

51 DATE RECEIVED BY LOCAL REGISTRAR (Mo/Day/Yr): 3-11-10

52 DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr): MAR 16 2010

Do not sign unless the death occurred due to a natural disease process. Unnatural deaths are the responsibility of the Medical Examiner.

Name: Date: / / Physician

2004 REVISION — VS 154 (1-04)

1049006285

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH - CERTIFICATE OF DEATH 10-49-006285

FILE COPY

LOCAL FILE NUMBER

STATE FILE NUMBER 2010006285

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) *(First, Middle, Last)*: [redacted]

2. SEX: Male

3a. DATE OF DEATH *(Mo., Day, Yr.)*: May 30, 2010

3b. TIME OF DEATH *(24 hr. Clock)*: 14:15

4. DATE OF BIRTH *(Mo., Day, Yr.)*: [redacted]

5. AGE-Last Birthday *(Years)*: 70

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Minutes

6. BIRTHPLACE *(City & State or Foreign Country)*: Bell, California

7. SOCIAL SECURITY NUMBER: [redacted]

8a. PLACE OF DEATH *(Check only one)*

IF DEATH OCCURRED IN A HOSPITAL: [ ] 1. Inpatient [X] 2. ER/Outpatient [ ] 3. DOA

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] 5. Nursing Home/Long term care facility [ ] 6. Decedent's Home [ ] 7. Other *(specify)*

8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY *(If outside a facility, give street address of location)*: Sevier Valley Hospital

8c. COUNTY OF DEATH: Sevier

8d. CITY, TOWN OR LOCATION OF DEATH: Richfield

9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? [ ] 1. Yes [X] 2. No [ ] 3. Unk.

10. MARITAL STATUS: [X] 1. Never Married [ ] 2. Married [ ] 3. Widowed [ ] 4. Divorced [ ] 5. Married, but separated [ ] 6. Unknown

11. SURVIVING SPOUSE'S NAME *(if wife, give name prior to first marriage)*: [redacted]

12a. DECEDENT'S USUAL OCCUPATION *(Give kind of work done during most of working life. Do NOT enter retired.)*: Farmer

12b. KIND OF BUSINESS OR INDUSTRY: Agriculture

13a. RESIDENCE - STREET AND NUMBER: [redacted]

13b. STATE: Utah

13c. COUNTY: Sevier

13d. CITY, TOWN, COMMUNITY, OR RURAL: Monroe

13e. ZIP CODE: 84754

13f. INSIDE CITY LIMITS? [X] 1. Yes [ ] 2. No

PARENTS

14. FATHER'S NAME *(First, Middle, Last)*: [redacted]

15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE *(First, Middle, Last)*: [redacted]

INFORMANT

16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT *(Street & Number, City, State, Zip)*: Judy May Murdock , Wife, 410 South 100 West , Monroe, Utah 84754

DISPOSITION

17. METHOD OF DISPOSITION: [ ] 1. Entombment [ ] 2. Donation [ ] 3. Other [X] 4. Burial [ ] 5. Cremation [ ] 6. Removal

18a. DATE OF DISPOSITION: June 4, 2010

18b. PLACE OF DISPOSITION *(name of cemetery, crematory, or other place)*: Monroe City Cemetery

18c. LOCATION OF DISPOSITION - *City or Town, State*: Monroe, Utah

19. LICENSEE NUMBER: 5526505

20. FUNERAL HOME / DISPOSITIONER *(Name and complete address)*: Magleby Mortuary - Richfield, 50 South 100 West, Richfield, Utah 84701

21. SIGNATURE OF FUNERAL SERVICE LICENSEE / DISPOSITIONER: [redacted]

CERTIFIER

22. CERTIFIER *(Check only one)*

22a. Was Medical Examiner Contacted? [X] 1. Yes [ ] 2. No

[ ] 1. MEDICAL PROFESSIONAL: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

[ ] 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.

M.E. Case No. 201000786

SIGNATURE & TITLE OF CERTIFIER: Jeffrey J Brown MD LIC. NO. 180252-1204 DATE SIGNED 6/1/2010

23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) *(Type/Print)*: Brown, MD, Jeffrey, 70 East 1000 North , Richfield, Utah 84701

23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN: May 30, 2010

CAUSE OF DEATH

24. PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Motor vehicle accident — V860

DUE TO (OR AS A CONSEQUENCE OF):

b. Fracture neck

DUE TO (OR AS A CONSEQUENCE OF):

c. Fracture ribs

DUE TO (OR AS A CONSEQUENCE OF):

d.

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

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

25a. WAS AN AUTOPSY PERFORMED? [ ] 1. Yes [X] 2. No

25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] 1. Yes [X] 2. No

26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT:
[ ] 1. Probably contributed to the cause of death
[ ] 2. Was the underlying cause of death
[ ] 3. Did not contribute to the cause of death
[ ] 4. Is unknown in relation to the cause of death
[ ] 5. NON USER
[X] 6. UNKNOWN IF USER

27. MANNER OF DEATH: [ ] 1. Natural [X] 2. Accident [ ] 3. Suicide [ ] 4. Homicide [ ] 5. Could not be Determined [ ] 6. Pending Investigation

28. IF FEMALE:
[ ] 1. Not pregnant within past year
[ ] 2. Pregnant at time of death
[ ] 3. Not pregnant, but pregnant within 42 days of death
[ ] 4. Not pregnant, but pregnant 43 days to 1 year before death
[ ] 5. Unknown if pregnant within the past year

29a. DATE OF INJURY *(Mo., Day, Yr.)*: 5/30/2010

29b. TIME OF INJURY *(24 hr. Clock)*: Unknown

29c. INJURY AT WORK? [ ] 1. Yes [X] 2. No

29d. PLACE OF INJURY - *At home, farm, street, factory, office, building, etc. (Specify)*: Street

29e. If motor vehicle accident: [X] 1. Driver [ ] 2. Passenger [ ] 3. Pedestrian [ ] 4. Other [ ] 5. Unknown

29f. LOCATION *(Street or rural route number, city or town, county and state)*: 900 South Brooklyn Road, Monroe, Sevier, Utah

29g. DESCRIBE HOW INJURY OCCURRED *(enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 24)*: Lost control of ATV It rolled on top of him

RACE AND EDUCATION

30. WAS DECEDENT OF HISPANIC ORIGIN? *(Check the "No" box if decedent is not Spanish/Hispanic/Latino.)*
[ ] 1. Yes [X] 2. No [ ] 3. Unknown

(If yes, Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.)
[ ] 1. Yes, Mexican, Mexican American, Chicano
[ ] 2. Yes, Cuban
[ ] 3. Yes, Puerto Rican
[ ] 4. Yes, other Spanish/Hispanic/Latino (Specify)

31. DECEDENT'S RACE *(Check one or more races to indicate what the decedent considered himself or herself to be)*
[X] 01. White
[ ] 02. Black or African American
[ ] 03. American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] 04. Chinese
[ ] 05. Japanese
[ ] 06. Native Hawaiian
[ ] 07. Filipino
[ ] 08. Other Asian (Specify)
[ ] 10. Asian Indian
[ ] 11. Korean
[ ] 12. Samoan
[ ] 13. Vietnamese
[ ] 14. Guamanian or Chamorro
[ ] 16. Unknown
[ ] 15. Other Pacific Islander (Specify)
[ ] 00. Other (Specify)

32. DECEDENT'S EDUCATION *(Check the box that best describes the highest degree or level of school completed at the time of death.)*
[ ] 0. None
[ ] 1. 8th grade or less
[ ] 2. 9th - 12th grade; no diploma
[ ] 3. High School graduate or GED completed
[X] 4. Some college credit, but no degree
[ ] 5. Associate degree (e.g., AA, AS)
[ ] 6. Bachelor's degree (e.g., BA, AB, BS)
[ ] 7. Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] 9. Unknown

UDOH-OVRS Form 12 Rev. 11/30/04

1049006285

Access to information on this form is limited under the Vital Statistics Act and Rules

STATE OF UTAH - DEPARTMENT OF HEALTH - CERTIFICATE OF DEATH

10-49-010655

FILE COPY

LOCAL FILE NUMBER

STATE FILE NUMBER 2010010655

DECEDENT

1. DECEDENT'S LEGAL NAME (Include AKA's, if any) (First, Middle, Last): [redacted]
2. SEX: Male
3a. DATE OF DEATH (Mo., Day, Yr.): September 14, 2010
3b. TIME OF DEATH (24 hr. Clock): 18:55
4. DATE OF BIRTH (Mo., Day, Yr.): [redacted]
5. AGE-Last Birthday (Years): 21
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Minutes
6. BIRTHPLACE (City & State or Foreign Country): Price, Utah
7. SOCIAL SECURITY NUMBER: [redacted]

8a. PLACE OF DEATH (Check only one)
IF DEATH OCCURRED IN A HOSPITAL: [X] 1. Inpatient [ ] 2. ER/Outpatient [ ] 3. DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] 5. Nursing Home/Long term care facility [ ] 6. Decedent's Home [ ] 7. Other (specify)

8b. NAME OF HOSPITAL, NURSING HOME OR OTHER FACILITY (If outside a facility, give street address of location): Utah Valley Regional Medical Center
8c. COUNTY OF DEATH: Utah
8d. CITY, TOWN OR LOCATION OF DEATH: Provo

9. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? [ ] 1. Yes [X] 2. No [ ] 3. Unk.
10. MARITAL STATUS: [ ] 1. Never Married [X] 2. Married [ ] 3. Widowed [ ] 4. Divorced [ ] 5. Married, but separated [ ] 6. Unknown
11. SURVIVING SPOUSE'S NAME (if wife, give name prior to first marriage): Stefanie Carver
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT enter retired.): Heavy Equipment Operator
12b. KIND OF BUSINESS OR INDUSTRY: Construction
13a. RESIDENCE - STREET AND NUMBER: [redacted]
13b. STATE: Utah
13c. COUNTY: Carbon
13d. CITY, TOWN, COMMUNITY, OR RURAL: Price
13e. ZIP CODE: 84501
13f. INSIDE CITY LIMITS? [ ] 1. Yes [X] 2. No

PARENTS

14. FATHER'S NAME (First, Middle, Last): [redacted]
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Diane Wilske

INFORMANT

16. NAME, RELATIONSHIP AND MAILING ADDRESS OF INFORMANT (Street & Number, City, State, Zip): Phillip and Diane Lodeserto , Parents, 1310 North 1000 West , Price, Utah 84501

DISPOSITION

17. METHOD OF DISPOSITION: [ ] 1. Entombment [ ] 2. Donation [ ] 3. Other [X] 4. Burial [ ] 5. Cremation [ ] 6. Removal
18a. DATE OF DISPOSITION: September 17, 2010
18b. PLACE OF DISPOSITION (name of cemetery, crematory, or other place): Mt. View Cemetery
18c. LOCATION OF DISPOSITION - City or Town, State: Helper, Utah
19. LICENSEE NUMBER: 5092216-0902
20. FUNERAL HOME / DISPOSITIONER (Name and complete address): Mitchell Funeral Home, 233 East Main Street, Price, Utah 84501
21. SIGNATURE OF FUNERAL SERVICE LICENSEE / DISPOSITIONER: [redacted]

CERTIFIER

22. CERTIFIER (Check only one)
1. MEDICAL PROFESSIONAL: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, place and due to the cause(s) and manner as stated.

22a. Was Medical Examiner Contacted? [X] 1. Yes [ ] 2. No

M.E. Case No.
SIGNATURE & TITLE OF CERTIFIER: Wendell O Eames MD
LIC. NO. 5719875-1205
DATE SIGNED 9/16/2010

23a. NAME, ADDRESS AND ZIP CODE FOR PERSON WHO CERTIFIED THE CAUSE OF DEATH (Item 24) (Type/Print): Eames, MD, Wendell O, 1034 North 500 West Utah Valley Hospitalist Service, Provo, Utah 84604
23b. DATE DECEASED WAS LAST ATTENDED BY PHYSICIAN: September 14, 2010

CAUSE OF DEATH

24. PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Tramatic brain injury due to ATV accident	
	DUE TO (OR AS A CONSEQUENCE OF): V865	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

PART II. Other significant Conditions contributing to death but not resulting in the underlying cause given in Part I

25a. WAS AN AUTOPSY PERFORMED? [ ] 1. Yes [X] 2. No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [ ] 1. Yes [X] 2. No

26. IN YOUR OPINION, TOBACCO USE BY THE DECEDENT: [ ] 1. Probably contributed to the cause of death [ ] 2. Was the underlying cause of death. [X] 3. Did not contribute to the cause of death [ ] 4. Is unknown in relation to the cause of death [ ] 5. NON USER [ ] 6. UNKNOWN IF USER
27. MANNER OF DEATH: [ ] 1. Natural [X] 2. Accident [ ] 3. Suicide [ ] 4. Homicide [ ] 5. Could not be Determined [ ] 6. Pending investigation
28. IF FEMALE: [ ] 1. Not pregnant within past year [ ] 2. Pregnant at time of death [ ] 3. Not pregnant, but pregnant within 42 days of death [ ] 4. Not pregnant, but pregnant 43 days to 1 year before death [ ] 5. Unknown if pregnant within the past year

29a. DATE OF INJURY (Mo., Day, Yr.): 9/5/2010
29b. TIME OF INJURY (24 hr. Clock): 18:50
29c. INJURY AT WORK? [ ] 1. Yes [X] 2. No
29d. PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify): North Skyline
29e. If motor vehicle accident: [X] 1. Driver [ ] 2. Passenger [ ] 3. Pedestrian [ ] 4. Other [ ] 5. Unknown
29f. LOCATION (Street or rural route number, city or town, county and state): Browns Peak Microwave Towers Rural, Utah, Utah
29g. DESCRIBE HOW INJURY OCCURRED (enter sequence of events which resulted in injury, NATURE OF INJURY should be entered in item 24): ATV left roadway rolling down the embankment. ATV landed on top of driver.

RACE AND EDUCATION

30. WAS DECEDENT OF HISPANIC ORIGIN? (Check the "No" box if decedent is not Spanish/Hispanic/Latino.) [ ] 1. Yes [X] 2. No [ ] 3. Unknown
(If yes, Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.)
[ ] 1. Yes, Mexican, Mexican American, Chicano
[ ] 2. Yes, Cuban
[ ] 3. Yes, Puerto Rican
[ ] 4. Yes, other Spanish/Hispanic/Latino (Specify)

31. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be)
[X] 01. White [ ] 02. Black or African American
[ ] 03. American Indian or Alaska Native (Name of the enrolled or principal tribe)
[ ] 04. Chinese [ ] 05. Japanese
[ ] 06. Native Hawaiian [ ] 07. Filipino
[ ] 08. Other Asian (Specify)
[ ] 10. Asian Indian [ ] 11. Korean
[ ] 12. Samoan [ ] 13. Vietnamese
[ ] 14. Guamanian or Chamorro [ ] 16. Unknown
[ ] 15. Other Pacific Islander (Specify)
[ ] 00. Other (Specify)

32. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)
[ ] 0. None
[ ] 1. 8th grade or less
[ ] 2. 9th - 12th grade; no diploma
[X] 3. High School graduate or GED completed
[ ] 4. Some college credit, but no degree
[ ] 5. Associate degree (e.g., AA, AS)
[ ] 6. Bachelor's degree (e.g., BA, AB, BS)
[ ] 7. Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
[ ] 8. Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)
[ ] 9. Unknown

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