

STATE OF ARIZONA

CERTIFICATION OF VITAL RECORD

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

State File NO. 102- 2017-005964

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) ALAN BEACH GREAGER				2. AKA'S (IF ANY)			3. DATE OF DEATH 02/10/2017	
4. SEX MALE	5. SOCIAL SECURITY NUMBER: 523-70-3807	6. DATE OF BIRTH 06/29/1947	7. AGE 69	8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY	10. HOURS	11. MINUTES
12. PLACE OF DEATH - HOSPITAL: <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL: <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER				
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY): BANNER CASA GRANDE MEDICAL CENTER				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: CASA GRANDE 85122			16. COUNTY OF DEATH: PINAL	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GLENWOOD SPRINGS, COLORADO			18. MARITAL STATUS AT TIME OF DEATH: MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) LINDA MARIE SKEES			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 1083 E SUNSCAPE WAY SPACE 332			21. CITY AND COUNTY: CASA GRANDE, PINAL		22. STATE ARIZONA		23. ZIP CODE 85194	24. EVER IN THE ARMED FORCES YES
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN		26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES. PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:			
28. OCCUPATION: BUSINESS OWNER		29. FATHER'S NAME (FIRST, MIDDLE, LAST) FLOYD BEACH GREAGER		30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) ROSE MARIE WATT				
31. INFORMANT'S NAME LINDA MARIE GREAGER		32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 1083 E SUNSCAPE WAY SPACE 332, CASA GRANDE, ARIZONA 85194				
34. NAME AND ADDRESS OF FUNERAL FACILITY: HERITAGE CASA GRANDE FUNERAL HOME & CREMATION SOCIETY OF ARIZONA 1575 E. FLORENCE BLVD, CASA GRANDE, AZ			35. FUNERAL DIRECTOR: MAUREEN SCHIRMER, FUNERAL DIRECTOR			36. LICENSE NUMBER: F1571		
37. METHOD(S) OF DISPOSITION: REMOVAL/BURIAL		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: NUCLA NATURITA CEMETERY, NUCLA, COLORADO			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
IMMEDIATE CAUSE OF DEATH	40. A CARDIORESPIRATORY ARREST						41. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	42. B SEPSIS						43. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	44. C URINARY TRACT INFECTION						45. APPROXIMATE INTERVAL: UNKNOWN	
DUE TO OR AS A CONSEQUENCE OF:	46. D METASTASIS BLADDER CANCER						47. APPROXIMATE INTERVAL: UNKNOWN	
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? NO	50. INJURY AT WORK? NO	51. MANNER OF DEATH NATURAL DEATH	52. TIME OF DEATH 0655	
				53. WAS AN AUTOPSY PERFORMED? NO		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		
CAUSE AND MANNER OF DEATH CERTIFICATION								
<input checked="" type="checkbox"/> Certifying Physician/Nurse Practitioner/Physician's Assistant - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - 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.				55. NAME OF PERSON COMPLETING CAUSE OF DEATH: GERALD MUTHU, M.D.			56. DATE CERTIFIED: 02/10/2017	
57. CERTIFIER'S ADDRESS: 1667 E MONUMENT PLAZA CIR CASA GRANDE, AZ 85222-5600				58. NAME OF REGISTRAR: KANDI HARRIS			59. DATE REGISTERED 02/15/2017	

DATE ISSUED: 02/15/2017



This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016

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

Krystal Colburn
KRYSTAL COLBURN
ASSISTANT STATE REGISTRAR



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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