

# 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) <b>ALAN BEACH GREAGER</b>				2. AKA'S (IF ANY)		3. DATE OF DEATH <b>02/10/2017</b>	
4. SEX <b>MALE</b>	5. SOCIAL SECURITY NUMBER: <b>523-70-3807</b>	6. DATE OF BIRTH <b>06/29/1947</b>	7. AGE <b>69</b>	8. MONTHS <b>UNDER 1 YEAR</b>		9. DAYS <b>UNDER 1 DAY</b>	
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): <b>BANNER CASA GRANDE MEDICAL CENTER</b>				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH: <b>CASA GRANDE 85122</b>		16. COUNTY OF DEATH: <b>PINAL</b>	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>GLENWOOD SPRINGS, COLORADO</b>			18. MARITAL STATUS AT TIME OF DEATH: <b>MARRIED</b>		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>LINDA MARIE SKEES</b>		
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: <b>1083 E SUNSCAPE WAY SPACE 332</b>		21. CITY AND COUNTY: <b>CASA GRANDE, PINAL</b>		22. STATE <b>ARIZONA</b>		23. ZIP CODE <b>85194</b>	24. EVER IN THE ARMED FORCES <b>YES</b>
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  <input type="checkbox"/> OTHER ASIAN (SPECIFY) <input type="checkbox"/> OTHER PACIFIC ISLANDER (SPECIFY) <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> UNKNOWN			27. IF AMERICAN INDIAN OR ALASKA NATIVE, SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:  ADDITIONAL TRIBE:		
28. OCCUPATION: <b>BUSINESS OWNER</b>		29. FATHER'S NAME (FIRST, MIDDLE, LAST) <b>FLOYD BEACH GREAGER</b>					
30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) <b>ROSE MARIE WATT</b>		31. INFORMANT'S NAME <b>LINDA MARIE GREAGER</b>					
32. RELATIONSHIP <b>SPOUSE</b>		33. INFORMANT'S MAILING ADDRESS: <b>1083 E SUNSCAPE WAY SPACE 332, CASA GRANDE, ARIZONA 85194</b>					
34. NAME AND ADDRESS OF FUNERAL FACILITY: <b>HERITAGE CASA GRANDE FUNERAL HOME &amp; CREMATION SOCIETY OF ARIZONA 1575 E. FLORENCE BLVD, CASA GRANDE, AZ</b>		35. FUNERAL DIRECTOR: <b>MAUREEN SCHIRMER, FUNERAL DIRECTOR</b>				36. LICENSE NUMBER: <b>F1571</b>	
37. METHOD(S) OF DISPOSITION: <b>REMOVAL/BURIAL</b>		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: <b>NUCLA NATURITA CEMETERY, NUCLA, COLORADO</b>		39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: <b>NONE</b>			
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>							
IMMEDIATE CAUSE OF DEATH	40. A <b>CARDIORESPIRATORY ARREST</b>					41. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	42. B <b>SEPSIS</b>					43. APPROXIMATE INTERVAL: <b>UNKNOWNW</b>	
DUE TO OR AS A CONSEQUENCE OF:	44. C <b>URINARY TRACT INFECTION</b>					45. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
DUE TO OR AS A CONSEQUENCE OF:	46. D <b>METASTASIS BLADDER CANCER</b>					47. APPROXIMATE INTERVAL: <b>UNKNOWN</b>	
<b>CAUSE OF DEATH PART II</b>							
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE:				49. INJURY? <b>NO</b>	50. INJURY AT WORK? <b>NO</b>	51. MANNER OF DEATH <b>NATURAL DEATH</b>	52. TIME OF DEATH <b>0655</b>
				53. WAS AN AUTOPSY PERFORMED? <b>NO</b>		54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER OF DEATH CERTIFICATION</b>							
<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: <b>GERALD MUTHU, M.D.</b>		56. DATE CERTIFIED: <b>02/10/2017</b>	
57. CERTIFIER'S ADDRESS: <b>1667 E MONUMENT PLAZA CIR CASA GRANDE, AZ 85222-5600</b>				58. NAME OF REGISTRAR: <b>KANDI HARRIS</b>		59. DATE REGISTERED <b>02/15/2017</b>	

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

*Krystal Colburn*  
**KRYSTAL COLBURN**  
ASSISTANT STATE REGISTRAR



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 ERASURE VOIDS THIS CERTIFICATE