

# STATE OF ARIZONA

## CERTIFICATION OF VITAL RECORD

ORIGINAL  
STATE COPY

### STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH

State File Number  
102-2018-013911

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>DAVID, COLVILL, LINCOLN</b>		2. AKA'S (IF ANY)		3. DATE OF DEATH <b>03/16/2018</b>	
4. SEX <b>MALE</b>		5. SOCIAL SECURITY NUMBER <b>257-20-9934</b>		6. DATE OF BIRTH <b>11/10/1925</b>	
				7. AGE <b>92 YEARS</b>	
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH <b>PARADISE VALLEY, MARICOPA, 85253</b>					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS) <b>RESIDENCE - 6821 N LOST DUTCHMAN DRIVE</b>					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CLEVELAND, OHIO</b>		11. MARITAL STATUS <b>WIDOWED</b>		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>NOT LISTED</b>	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP) <b>6821 N LOST DUTCHMAN DRIVE, PARADISE VALLEY, MARICOPA, AZ, 85253</b>					
14. DECEDENT'S HISPANIC ORIGIN(S) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		15. DECEDENT'S RACE(S) <b>WHITE</b>		16. EVER IN ARMED FORCES <b>NO</b>	
				17. OCCUPATION <b>EXECUTIVE</b>	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>JOHN, CROMWELL, LINCOLN</b>			19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX) <b>HELEN, COLVILL</b>		
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX) <b>KATHRYN, JO, LINCOLN</b>				21. RELATIONSHIP <b>DAUGHTER</b>	
22. INFORMANT'S MAILING ADDRESS <b>11010 N TATUM BOULEVARD #D101, PHOENIX, AZ, 85028</b>					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON <b>HANSEN MORTUARY 8314 N 7TH STREET, PHOENIX, AZ, 85020</b>			24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON <b>BRADLEY, J., HANSEN</b>		25. LICENSE NUMBER <b>F0536</b>
26. METHOD(S) OF DISPOSITION <b>CREMATION</b>		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY <b>DECA CREMATION SERVICES, INC., PHOENIX, AZ, US</b>		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
<b>MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I</b>					
29. A. IMMEDIATE CAUSE OF DEATH <b>RESPIRATORY FAILURE</b>				30. APPROXIMATE INTERVAL <b>3 DAYS</b>	
31. B. DUE TO OR AS A CONSEQUENCE OF: <b>LUNG CANCER</b>				32. APPROXIMATE INTERVAL <b>5 YEARS</b>	
33. C. DUE TO OR AS A CONSEQUENCE OF: <b>ADENOCARCINOMA</b>				34. APPROXIMATE INTERVAL <b>5 YEARS</b>	
35. D. DUE TO OR AS A CONSEQUENCE OF:				36. APPROXIMATE INTERVAL	
<b>CAUSE OF DEATH PART II</b>					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY? <b>NO</b>	39. INJURY AT WORK?	40. MANNER OF DEATH <b>NATURAL DEATH</b>	
		41. TIME OF DEATH <b>18:40</b>	42. WAS AN AUTOPSY PERFORMED? <b>NO</b>	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
<b>CAUSE AND MANNER CERTIFICATION</b>					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH <b>DAVID, DRACHLER</b>			45. DATE CERTIFIED <b>03/19/2018</b>
46. CERTIFIER'S ADDRESS <b>250 E DUNLAP AVENUE, PHOENIX, AZ, 85020</b>					

Date Registered: 03/21/2018

Date Issued: 03/23/2018

VS-49 Rev. 12/2017



**J0822433**

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



ARIZONA DEPARTMENT  
OF HEALTH SERVICES

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