

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

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

State File NO. 102-2012-018147

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) MARK ANTHONY SANTORII			2. AKA'S (IF ANY)			3. DATE OF DEATH APRIL 26, 2012		
4. SEX MALE	5. SOCIAL SECURITY NUMBER 455-33-8922	6. DATE OF BIRTH 04-16-1968	7. AGE 44	8. MONTHS UNDER 1 YEAR		9. DAYS UNDER 1 DAY		10. HOURS 11. MINUTES
12. PLACE OF DEATH - HOSPITAL: <input 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 checked="" type="checkbox"/> OTHER INTERSTATE 93					
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) US 93 NORTH BOUND 187.3				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH WICKENBURG 85390			16. COUNTY OF DEATH YAVAPAI	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) HOUSTON, TEXAS			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) TAMMY D GLASPIE			
20. DECEDENT'S USUAL RESIDENCE STREET ADDRESS: 5016 TROPICAL RIDGE CT,			21. CITY AND COUNTY: LAS VEGAS, CLARK		22. STATE NEVADA		23. ZIP CODE 89130	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)		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 TRUCK DRIVER			29. FATHER'S NAME (FIRST, MIDDLE, LAST) ROBERT BIARNESEN			30. MOTHER'S NAME (FIRST, MIDDLE, & LAST NAME PRIOR TO FIRST MARRIAGE) LAVELLE VINSON		
31. INFORMANT'S NAME TAMMY D SANTORII			32. RELATIONSHIP SPOUSE		33. INFORMANT'S MAILING ADDRESS: 5016 TROPICAL RIDGE CT, LAS VEGAS, NEVADA 89130			
34. NAME AND ADDRESS OF FUNERAL FACILITY: ARIZONA RUFFNER WAKELIN FUNERAL HOME 303 S CORTEZ ST. PRESCOTT, AZ				35. FUNERAL DIRECTOR: GARY A GRAVELINE SR., FUNERAL DIRECTOR			36. LICENSE NUMBER F0939	
37. METHOD(S) OF DISPOSITION: CREMATION		38. NAME AND LOCATION OF 1st DISPOSITION FACILITY: BRADSHAW CREMATORY LLC, PRESCOTT, ARIZONA			39. NAME AND LOCATION OF 2nd DISPOSITION FACILITY: NONE			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I								
IMMEDIATE CAUSE OF DEATH	40. A PENETRATING INJURY TO TORSO				41. APPROXIMATE INTERVAL UNKNOWN			
DUE TO OR AS A CONSEQUENCE OF:	42. B				43. APPROXIMATE INTERVAL:			
DUE TO OR AS A CONSEQUENCE OF:	44. C				45. APPROXIMATE INTERVAL:			
DUE TO OR AS A CONSEQUENCE OF:	46. D				47. APPROXIMATE INTERVAL:			
CAUSE OF DEATH PART II								
48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: INHALATION OF HOT PRODUCTS OF COMBUSTION WITH INCINERATION				49. INJURY? YES	50. INJURY AT WORK? UNKNOWN	51. MANNER OF DEATH? ACCIDENT	52. TIME OF DEATH? 1140	
				53. WAS AN AUTOPSY PERFORMED? YES	54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? YES			
CAUSE AND MANNER OF DEATH CERTIFICATION								
<input 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.			55. NAME OF PERSON COMPLETING CAUSE OF DEATH: ROBERT E. LYON, D.O.			56. DATE CERTIFIED: 04-27-2012		
<input checked="" 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.			57. CERTIFIER'S ADDRESS: 701 WEST JEFFERSON ST. PHOENIX, AZ 85007			58. NAME OF REGISTRAR: BECKY MAJOR		
						59. DATE REGISTERED 05-11-2012		

Date Issued: 05-11-2012

This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA.
Revised 04/2010

Patricia Adams
PATRICIA ADAMS
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.

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