

WHEN RECORDED RETURN TO:

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Magist County Auditor

02-167838-OE, 02-167838-OE

DOCUMENT TITLE(S):
Death Certificate

REFERENCE NUMBER(S) OF DOCUMENTS ASSIGNED OR RELEASED:

GRANTOR:
STATE OF ALASKA

GRANTEE:
JOE LYNN HAYES

ABBREVIATED LEGAL DESCRIPTION:
Lot 2 and Portions of Lots 13 & 14, All in Hillcrest Terrace Add. To Anacortes

TAX PARCEL NUMBER(S):
3797-000-014-0005, P57529
3797-000-002-0009, P57515

STATE OF ALASKA CERTIFICATION OF VITAL RECORD

STATE OF ALASKA

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS
P.O. Box 110679, Juneau, AK 99811-0679

DATE FILED: 02/24/2018		STATE FILE NO. 2018000476	
CERTIFICATE OF DEATH			
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) JOE LYNN HAYES		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]
4a. AGE - Last Birthday (Years) 87	4b. UNDER 1 YEAR Months: 07	4c. UNDER 1 DAY Hours: 00 Minutes: 00	5. DATE OF BIRTH (MM/DD/YYYY) [REDACTED]
6. RESIDENCE - STATE Alaska		7. BIRTHPLACE (City and State or Foreign Country) Beckenridge, MISSOURI	
7a. CITY OR TOWN Anchorage		7b. APT. No. [REDACTED]	7c. ZIP CODE 99502
7d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. SURVIVING SPOUSE'S NAME (If wife give name prior to first marriage) [REDACTED]	
9. TYPE OF US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	11. MOTHER'S NAME (First, Middle, Last) DICY MAE
11. FATHER'S NAME (First, Middle, Last) NORMAN HAYES		12. MOTHER'S NAME (First, Middle, Last) DICY MAE	
13a. INFORMANT'S NAME KARIN HAYES		13b. RELATIONSHIP TO DECEDENT Daughter	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 12001 Street Apt No. 403 Anchorage, Alaska 99501
14. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate's degree (e.g., AA, AB) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.M., JD)		15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino.) <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano(a) <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino Specify: _____	16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____
17. DECEDENT'S USUAL OCCUPATION (Specify type of work done during most of working life. DO NOT USE RETIRED) Civil Engineer, Lobbyist		18. KIND OF BUSINESS OR INDUSTRY Business Man, Rancher	
19. PLACE OF DEATH (Check only one.) <input checked="" type="checkbox"/> In Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify) _____		20. FACILITY NAME (If not institution, give street & number) Providence Transitional Care	
21. CITY OR TOWN, STATE AND ZIP CODE Anchorage, Alaska 99504		22. COUNTY OF DEATH Anchorage	
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		24. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Anchorage Memorial Park Cemetery	
25. LOCATION - CITY, TOWN AND STATE Anchorage, AK		26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Janessa's Evangelical Memorial Chapel 737 E Street Anchorage, Alaska 99501	
27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER AGENT (SIGNATURE ON FILE) STEVE BALDESCHWILER		28. LICENSE NUMBER (Of Licensee) 425	29. DATE PRONOUNCED DEAD (MM/DD/YYYY) 02/16/2018
30. TIME PRONOUNCED DEAD 17:49		31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable) [REDACTED]	
32. LICENSE NUMBER [REDACTED]		33. DATE SIGNED (MM/DD/YYYY) [REDACTED]	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YYYY) 02/16/2018		35. ACTUAL OR PRESUMED TIME OF DEATH 17:49	36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
37. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) END STAGE DEMENTIA Underlying Cause (Primary cause of death) [REDACTED] Cause of Injury that initiated the events resulting in death (Last) [REDACTED]			38. APPEARANCE INTERNAL ORGANS TO DEATH Year: _____
37. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (e.g., AIDS, ILLNESS, CORONARY ARTERY DISEASE, SEIZURE DISORDER, ATRIAL FIB) [REDACTED]			39. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
40. DID TOXICOLOGIC TEST CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Possibly <input type="checkbox"/> No <input type="checkbox"/> Unknown			41. WERE AUTOPY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
42. DATE OF INJURY (MM/DD/YYYY) [REDACTED]		43. TIME OF INJURY [REDACTED]	44. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area) [REDACTED]
45. LOCATION OF INJURY (Street & Number, Apt. No., City or Town, State, Zip Code) [REDACTED]		46. DESCRIBE HOW INJURY OCCURRED [REDACTED]	
47. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner/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.		48. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____	
49. NAME OF CERTIFIER (SIGNATURE ON FILE) KAREN MAILER		50. ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37) 4900 Eagle Street Anchorage AK 99503	
51. LICENSE NUMBER 4382		52. ORIGINAL - STATE COPY	53. DATE CERTIFIED (MM/DD/YYYY) 02/24/2018

001595878



I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED FEBRUARY 27, 2018

Hedi Juedorfer
State Registrar



This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE