

CERTIFICATE OF DEATH

STATE OF COLORADO

USE BLACK INK ONLY IN ENTRIES, WHITE INK IN ALTERATIONS
V-51 (REV. 1/2005)

3199727 001571

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		STATE OF COLORADO				LOCAL REGISTRATION NUMBER					
1. NAME OF DECEDENT—FIRST (GIVEN)		2. MIDDLE		3. LAST (FAMILY)		4. DATE OF BIRTH MM/DD/YYYY					
HENRY		JOHN		DEUTSCHENDORF JR.		5. AGE YRS.		6. SEX		7. DATE OF DEATH MM/DD/YYYY	
12/31/1943		53		M		1730					
8. STATE OF BIRTH		10. SOCIAL SECURITY NO.		11. MILITARY SERVICE		12. MARITAL STATUS		13. EDUCATION—YEARS COMPLETED			
NM		453-70-6010		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Divorced		14			
14. RACE		15. HISPANIC—SPECIFY		16. KIND OF BUSINESS		17. USUAL EMPLOYER		18. YEARS IN OCCUPATION			
White		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Music industry		Self-employed		34			
17. OCCUPATION		18. KIND OF BUSINESS		19. YEARS IN OCCUPATION		20. RESIDENCE—STREET AND NUMBER OR LOCATION					
Singer		Music industry		34		0370 Johnson Drive					
21. CITY		22. COUNTY		23. ZIP CODE		24. YRS IN COUNTY		25. STATE OR FOREIGN COUNTRY			
Aspen		Pitkin		81611		28		Colorado			
26. NAME, RELATIONSHIP		27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, BOX OR TOWNAL, STATE, ZIP)									
Ronald Deutschendorf, brother		14422 Corte Lampara		San Diego, CA 92129							
28. NAME OF SURVIVING SPOUSE—FIRST		29. MIDDLE		30. LAST (MARRIAGE NAME)							
31. NAME OF FATHER—FIRST		32. MIDDLE		33. LAST		34. BIRTH STATE					
Henry		John		Deutschendorf Sr.		OK					
35. NAME OF MOTHER—FIRST		36. MIDDLE		37. LAST (MARRIAGE)		38. BIRTH STATE					
Erna		Louise		Swope		OK					
39. DATE MM/DD/YYYY		40. PLACE OF FINAL DISPOSITION									
10/15/1997		Parker Funeral Home Inc. 10325 Parkglenn Way Parker, CO 80134									
41. TYPE OF DISPOSITION		42. SIGNATURE OF EXAMINER		43. LICENSE NO.							
CR/TR		Not embalmed									
44. NAME OF FUNERAL DIRECTOR		45. LICENSE NO. AND SIGNATURE OF LOCAL FUNERAL HOME		46. DATE MM/DD/YYYY							
Chapel of Seaside, Inc.		FD-1363 <i>Ronald Deutschendorf</i>		10/14/1997							
101. PLACE OF DEATH		102. IF HOSPITAL, SPECIFY (SIC)		103. FACILITY OTHER THAN HOSPITAL		104. COUNTY					
Pacific ocean		<input type="checkbox"/> IP <input type="checkbox"/> ER-OP <input type="checkbox"/> ODA		<input type="checkbox"/> CONV. <input type="checkbox"/> RES. <input type="checkbox"/> CARE <input type="checkbox"/> OTHER		MONTEREY					
105. STREET ADDRESS—STREET AND NUMBER OR LOCATION		106. CITY		107. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D)							
150 YARDS OFF SHORE, SOUTH OF LOVERS POINT		PACIFIC GROVE		108. DEATH REPORTED TO CORONER							
IMMEDIATE CAUSE (A) MULTIPLE BLUNT FORCE TRAUMA		SECS.		109. SPOUSE PERFORMED		110. AUTOPSY PERFORMED		111. USED IN DETERMINING CAUSE			
DUE TO (B)				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
DUE TO (C)											
DUE TO (D)											
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 101.											
113. WAS OPERATION PERFORMED FOR ANY CONDITION ON ITEM 101 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE.											
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. DECEASED ATTENDED SINCE DECEASED LAST BEEN ILL ON MM/DD/YYYY		115. SIGNATURE AND TITLE OF CERTIFIER		116. LICENSE NO.		117. DATE MM/DD/YYYY					
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP											
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		120. INJURY AT WORK		121. INJURY DATE MM/DD/YYYY		122. HOUR		123. PLACE OF INJURY			
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		10/12/1997		1730		PACIFIC OCEAN			
119. NUMBER OF DEATH		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		125. LOCATION—STREET AND NUMBER OR LOCATION AND CITY, ZIP							
<input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE		PILOT OF AIRPLANE WHICH CRASHED IN OCEAN.		150 YARDS OFF SHORE, SOUTH OF LOVERS POINT, PACIFIC GROVE, CA. 93950							
<input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/YYYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER					
		<i>Alan Wheelus</i>		10/13/1997		ALAN WHEELUS DEPUTY CORONER					
STATE		C		D		E		F		G	
FAX AUTH.		CORONER		CENSUS TRACT							