

When recorded mail to:

Constance S. Wise
598 W Cowell St
Buenavista AZ,
85346

2025-00603

Page 1 of 2

RICHARD GARCIA, RECORDER

OFFICIAL RECORDS OF LA PAZ COUNTY, AZ

02-26-2025 03:00 PM Recording Fee \$30.00

Death Certificate

Caption

Cover Sheet

DO NOT REMOVE

This is part of an official document.

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
102-2024-069062

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)		3. DATE OF DEATH	
KENNETH, LEROY, WISE				12/27/2024	
4. SEX	5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH	7. AGE		
MALE			91 YEARS		
8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH					
PARKER, LA PAZ, 85346					
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)					
EMERGENCY - LA PAZ REGIONAL HOSPITAL - PARKER					
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS		12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
DENTS RUN, PENNSYLVANIA		MARRIED		CONSTANCE, LEA, MERWIN	
13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)					
598 W COWELL STREET, QUARTZSITE, LA PAZ, AZ, 85346					
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)		16. EVER IN ARMED FORCES	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE		YES	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)			
WILLIAM, HOWARD, WISE		THERESA, SKRABAK			
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)				21. RELATIONSHIP	
CONSTANCE, LEA, WISE				SPOUSE	
22. INFORMANT'S MAILING ADDRESS					
PO BOX 2170, QUARTZSITE, AZ, 85346					
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON		25. LICENSE NUMBER	
PARKER FUNERAL HOME 1704 S OGOTILLO AVENUE, PARKER, AZ, 85344		DEAN, MCFALL		FDL-001383	
26. METHOD(S) OF DISPOSITION		27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
CREMATION		PARKER FUNERAL HOME AND CREMATORY PARKER, AZ, US			
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I					
29. A. IMMEDIATE CAUSE OF DEATH				30. APPROXIMATE INTERVAL	
CARDIAC ARREST				MINUTES	
31. B. DUE TO OR AS A CONSEQUENCE OF				32. APPROXIMATE INTERVAL	
UNDETERMINED, BUT PROBABLY DUE TO MYOCARDIAL INFARCTION, ARRHYTHMIA, OR ANEMIA				30-60 MINUTES	
33. C. DUE TO OR AS A CONSEQUENCE OF				34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF				36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II					
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I:		38. INJURY?	39. INJURY AT WORK?	40. MANNER OF DEATH	
CORONARY AND CAROTID ATHEROSCLEROSIS, PAROXYSMAL ATRIAL FIBRILLATION, SICK SINUS SYNDROME (CARDIAC PACEMAKER IN SITU), AORTIC VALVE STENOSIS STATUS POST PORCINE VALVE REPLACEMENT STATUS POST TRANSCATHETER AORTIC VALVE REPLACEMENT, ANEMIA		NO		NATURAL DEATH	
		41. TIME OF DEATH	42. WAS AN AUTOPSY PERFORMED?	43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
		09:54 AM	NO		
CAUSE AND MANNER CERTIFICATION					
TO THE BEST OF MY KNOWLEDGE, THE INFORMATION ABOVE IS CORRECT AND THE DEATH OCCURRED DUE TO THE CAUSE(S) AND MANNER		44. NAME OF PERSON COMPLETING CAUSE OF DEATH		45. DATE CERTIFIED	
		BRETT, S. GOCHNOUR		12/30/2024	
46. CERTIFIER'S ADDRESS					
150 E TYSON STREET, QUARTZSITE, AZ, 85359					

Date Registered: 12/31/2024

Date Issued: 01/06/2025

VS-49 Rev. 12/2017



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
KRISTAL COLBURN
ASSISTANT STATE REGISTRAR



ARIZONA DEPARTMENT
OF HEALTH SERVICES

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE