



STATE OF COLORADO  
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) <b>George A. MYLES, Jr.</b>		2. SEX <b>M</b>	3. DATE OF DEATH (Month, Day, Year) <b>April 9, 1997</b>
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) <b>68</b>	5b. UNDER 1 YEAR Mos. : Days : Hrs. : Mins.	6. DATE OF BIRTH (Month, Day, Year) <b>April 9, 1929</b>
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) <b>Hospice</b>		
9b. FACILITY NAME (If not institution, give street and number) <b>Hospice of Metro Denver Care Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Aurora</b>	9d. COUNTY OF DEATH <b>Arapahoe</b>
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Economist</b>	10b. KIND OF BUSINESS/INDUSTRY <b>Forestry</b>	11. MARITAL STATUS: Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>	12. SPOUSE (If wife, give maiden name) <b>Florence Lee</b>
13a. RESIDENCE-STATE <b>CO</b>	13b. COUNTY <b>Jefferson</b>	13c. CITY, TOWN, OR LOCATION <b>Lakewood</b>	13d. STREET AND NUMBER <b>1182 So. Owens St.</b>
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	13f. ZIP CODE <b>80232</b>	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes Specify:	15. RACE: American Indian, Black, White, etc. (Specify) <b>White</b>
17. FATHER'S NAME (First, Middle, Last) <b>George A. Myles, Sr.</b>		18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) <b>Ruth Lorella Trolson</b>	19. INFORMANT'S NAME and relationship to decedent. <b>Florence Myles-Wife</b>
20a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Ft. Logan National Cemetery</b>	20c. LOCATION - City or Town, State <b>Denver, CO</b>
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>[Signature]</i>		21b. NAME AND ADDRESS OF FACILITY: <b>Horan &amp; McConaty Mortuaries 3101 S. Wadsworth Blvd. Lakewood, ZIP CO 80227</b>	
22a. REGISTRAR'S SIGNATURE <i>[Signature]</i>		22b. DATE FILED (Month, Day, Year) <b>APR 17 1997</b>	
23. TIME OF DEATH <b>8:20 P. M.</b>	24. DATE PRONOUNCED DEAD (Month, Day, Year) <b>April 09 1997</b>	Hour <b>2020</b>	25. WAS CORONER NOTIFIED? (Yes or No) <b>No</b>
26. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS LISTED. Signature: <i>[Signature]</i>		27. 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 AS STATED. Signature: <i>[Signature]</i>	
28. DATE SIGNED (Month, Day, Year) <b>April 10, 1997</b>		29. DATE SIGNED (Month, Day, Year)	
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) <b>Paul Speidel M.D., 10350 E. Dakota Ave., Denver, CO ZIP: 80231</b>			
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)			
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Homicide	33a. DATE OF INJURY (Month, Day, Year)	33b. TIME OF INJURY <b>M</b>	33c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
33d. PLACE OF INJURY: At home, farm, street, factory, office building, etc. (Specify)		33e. LOCATION (Street and Number or Rural Route Number, City, County, State)	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest/Asphyxia). (a) <b>Brain Metastases</b> DUE TO OR AS A CONSEQUENCE OF (b) <b>Neurofibroma Sarcoma of the Face</b> DUE TO OR AS A CONSEQUENCE OF (c) <b>OTH</b>			Interval between onset and death
35. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker).			36. AUTOPSY (Yes or No) <b>No</b>
37. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?			

STATE OF COLORADO, TRI-COUNTY HEALTH DEPARTMENT - United States of America  
I hereby certify this document is a true and correct copy of the record in my custody, issued this 17th day of April 1997 A.D.  
This is not valid unless prepared by blue basketweave paper and impressed with the raised seal of Tri-County Health Department.  
PENALTY BY LAW if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics certificate.

*[Signature]*  
H. H. Rohrer, M.D., Registrar  
Adams, Arapahoe and Douglas Counties

*[Signature]*  
Lois S. Schmitt, Deputy Registrar