ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2442

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Chandler-rural
C. LENGTH OF STAY IN THIS PLACE: 1 mo; IN ARIZONA: 9 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Richards Ranch, W. Mill Rd.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Chandler-rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Richards Ranch, W. Mill Rd.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Liva
B. (MIDDLE): Owens
C. (LAST): RICHARDS

4. SEX: female
5. COLOR OR RACE: white
6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐
7. DATE OF BIRTH: MONTH Dec, DAY 18, YEAR 1860
8. AGE: YEARS 91, MONTHS 3, DAYS 16
IF UNDER 24 HOURS: HOURS ____ MIN. ____
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): at home Housewife
9B. KIND OF BUSINESS OR INDUSTRY: at home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
11. CITIZEN OF WHAT COUNTRY?: USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no
(IF YES, WAR OR DATES OF SERVICE): --
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Alvin Owens
14B. BIRTHPLACE (STATE OR COUNTRY): No. Carolina
15A. MOTHER'S MAIDEN NAME: Rebecca Jackson
15B. BIRTHPLACE (STATE OR COUNTRY): No.Carolina
16. INFORMANT'S SIGNATURE: W.A.Richards,son, ADDRESS: Chandler, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 4, (YEAR) 1952

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).
*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 10 years
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Senility.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY)
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9/12, 1951 TO 4/3, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 4/3, 1952 AND THAT DEATH OCCURRED AT 12:30 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: [signature], M.D. (DEGREE OR TITLE)
23B. ADDRESS: Chandler, Arizona
23C. DATE SIGNED: 4/4/52

24A. BURIAL ☐ **CREMATION** ☐ **REMOVAL** ☒
24B. DATE: Apr.4,1952
24C. NAME OF CEMETERY OR CREMATORY:
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): West Chicago, Illinois
25A. DATE REC'D BY LOCAL REG.: 4-5-52
25B. REGISTRAR'S SIGNATURE: Deputy Pearl Dougherty
26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hausner Mortuary, Chandler, Arizona
27. EMBALMER'S SIGNATURE: Jack Hausner
CERT. NO. 225

FORM VS 2 REV. 3-50 15M