

CERTIFICATE OF DEATH

24 19 AND 19 RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>		REGISTRAR'S NO. <b>50</b>
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN OR RURAL) <b>Globe</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN <b>Globe</b>		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>739 East Maple St.</b>		D. STREET ADDRESS <b>739 East Maple St.</b>		(IF RURAL, GIVE LOCATION)	
3. NAME OF DECEASED (TYPE OR PRINT) <b>John Henry Richardson</b>		C. (LAST) <b>Richardson</b>		4. SEX <b>male</b>	
6. MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>9</b> DAY <b>10</b> YEAR <b>1883</b>		8. AGE YEARS <b>69</b> MONTHS <b>0</b> DAYS <b>10</b>	
9B. KIND OF BUSINESS OR INDUSTRY <b>ret. rancher</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>U. S. A.</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>ranching-cattle</b>	
14A. FATHER'S NAME <b>Dudley Richardson</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Texas</b>		15A. MOTHER'S MAIDEN NAME <b>Kathryn Cox</b>	
16. INFORMANT'S SIGNATURE <i>Edw and Richardson</i>		ADDRESS <b>Richardson</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 19, 1952 at 6:45 a.m.</b>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C), (D). <b>Asphy</b>		18. CAUSE OF DEATH DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	
CAUSE OF DEATH (ITEM 18)		19. MAJOR FINDINGS OF OPERATION DUE TO (C) <b>Arteriosclerosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY		21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
DEATH DUE TO EXTERNAL VIOLENCE		21C. (CITY OR TOWN)		(COUNTY) (STATE)	
MEDICAL CORONER'S ATIFICATION		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) <b>11:00</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
FUNERAL DIRECTOR AND REGISTRAR		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON <b>June 18, 1952</b> AND THAT DEATH OCCURRED <b>at 6:45 a.m.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE. SIGNATURE <i>William E. Gaston MD</i>		23. ADDRESS <b>P.O. Box 150 Globe Ariz</b>	
FUNERAL DIRECTOR AND REGISTRAR		24. DATE <b>June 22, 1952</b>		24. NAME OF CEMETERY OR CREMATORY <b>Pinal Cemetery</b>	
FUNERAL DIRECTOR AND REGISTRAR		25. REGISTRAR'S SIGNATURE <i>James Maxwell</i>		26. FUNERAL DIRECTOR'S SIGNATURE <i>James Maxwell</i>	
FUNERAL DIRECTOR AND REGISTRAR		27. EMBALMER'S SIGNATURE <i>John James Mackey</i>		28. ADDRESS <b>Central Heights, Arizona</b>	
FUNERAL DIRECTOR AND REGISTRAR		29. DATE REC'D BY LOCAL REG. <b>6-20-52</b>		29. DATE SIGNED <b>6/19/52</b>	

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