

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 20

OF DEATH  
IND  
RESIDENCE

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>A. COUNTY <u>Gila</u>   |  | B. LENGTH OF STAY<br>IN THIS TOWN <u>37</u> IN ARIZONA <u>61</u>                        |  | 2. USUAL RESIDENCE (WHERE DECEASED LIVED.<br>IF INSTITUTION; RESIDENCE BEFORE ADMISSION) |  |
| C. CITY OR TOWN <u>Hayden</u>  |  | <input type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |  | A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>  |  |
| D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) |  | D. STREET ADDRESS (IF RURAL, GIVE LOCATION)   |  | <u>Utah Ave.,</u>  |  |

IDENT  
PERSONAL  
DATA

|  |  |   |   |   |  |  |   |  |
|--|--|---|---|---|--|--|---|--|
| 3. NAME OF DECEASED (TYPE OR PRINT)                              |  |   | A. (FIRST) <u>Frank</u>   | B. (MIDDLE) <u>A.</u>                     | C. (LAST) <u>Meyer</u>   | 4. SEX <u>Male</u>                         | 5. COLOR OR RACE <u>White</u>   | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Widowed</u> |
| 6B. NAME OF SPOUSE <u>Mary E. Van Deren</u>                      |  |   | 7. DATE OF BIRTH<br>MONTH <u>6</u> DAY <u>25</u> YEAR <u>1871</u> | 8. AGE (IN YEARS LAST BIRTHDAY) <u>83</u> | IF UNDER 1 YEAR<br>MONTHS _____ DAYS _____   | IF UNDER 24 HRS.<br>HOURS _____ MIN. _____ | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Retired</u> |  |
| 9B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>                  |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Lupow, Germany</u> | 11. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                          |   | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u> |  | 13. SOCIAL SECURITY NO. <u>None</u>   |  |
| 14A. FATHER'S NAME <u>Unknown</u>                                |  |   | 14B. BIRTHPLACE (STATE OR COUNTRY) <u>Germany</u>                 |   | 15A. MOTHER'S MAIDEN NAME <u>Unknown</u>   |  | 15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>   |  |
| 16. INFORMANT'S SIGNATURE<br><u>Frank A. Meyer Hayden, Ariz.</u> |  |   | 17. DATE OF DEATH<br>MONTH _____ DAY <u>29</u> YEAR <u>1955</u>   |   |  |  |   |  |

CAUSE  
OF  
DEATH  
(EM 18)

|  |  |  |  |  |
|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE (A), (B), (C).<br>‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. |  | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| <u>Hypertensive Cardio-Vascular Disease</u>  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Hypertensive Cardio-Vascular Disease</u> |  | <u>20 years</u>  |
| PLACE DISEASE CONTRACTED.  |  | DUE TO (B) _____   |  |  |
| 19A. DATE OF OPERATION _____   |  | 19B. MAJOR FINDINGS OF OPERATION _____   |  |  |
| 19C. DATE OF OPERATION _____   |  | 19D. MAJOR FINDINGS OF OPERATION _____   |  |  |
| 19E. DATE OF OPERATION _____   |  | 19F. MAJOR FINDINGS OF OPERATION _____   |  |  |
| 19G. DATE OF OPERATION _____   |  | 19H. MAJOR FINDINGS OF OPERATION _____   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

OPERATIONS  
AUTOPSY

|                              |  |  |
|------------------------------|--|--|
| 19A. DATE OF OPERATION _____ | 19B. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

MEDICAL  
CERTIFICATION

|   |  |                                      |
|---|--|--------------------------------------|
| 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>29 Mar. 1955</u> TO <u>29 Mar. 1955</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>29 Mar. 1955</u> , AND THAT DEATH OCCURRED AT <u>2:15 P</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. |  |                                      |
| 22A. SIGNATURE<br><u>J. K. Hazel</u>  | 22B. ADDRESS<br><u>J. K. HAZEL, M.D. Hayden, Arizona</u> | 22C. DATE SIGNED<br><u>29 Mar 55</u> |

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

|  |  |  |
|--|--|--|
| 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____ | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____         | 23C. (CITY OR TOWN) (COUNTY) (STATE) _____ |
| 23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____        | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 23F. HOW DID INJURY OCCUR? _____           |

DRONER'S  
CERTIFICATION

|                                |                    |                        |
|--------------------------------|--------------------|------------------------|
| 24A. CORONER'S SIGNATURE _____ | 24B. ADDRESS _____ | 24C. DATE SIGNED _____ |
|--------------------------------|--------------------|------------------------|

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

|   |  |  |   |
|---|--|--|---|
| 25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> | 25B. DATE <u>3/30/55</u>                           | 25C. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>    | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) _____ |
| 26A. DATE REC. BY LOCAL REG. <u>3-30-55</u>   | 26B. REGISTRAR'S SIGNATURE <u>Mary M. Herrmann</u> | 27A. FUNERAL DIRECTOR'S SIGNATURE <u>Byron N. Sniffitt</u> | 27B. ADDRESS <u>Hayden Ariz</u>                     |