

CERTIFICATE OF DEATH

REGISTRAR'S NO. 861

BIRTH NO.

34 OF DEATH AND RESIDENCE 4487	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 5 mos. IN ARIZONA 5 mos		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Colorado B. COUNTY	
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Cortez <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Franklin Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	

1 EDENT PERSONAL DATA 45	3. NAME OF DECEASED (TYPE OR PRINT) Beldon Brock		4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Eleanor		7. DATE OF BIRTH MONTH Oct DAY 27 YEAR 1909		8. AGE (IN YEARS LAST BIRTHDAY) 45		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Stable foreman	

4 155	9B. KIND OF BUSINESS OR INDUSTRY Racing		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 523-09-3768	
	14A. FATHER'S NAME Bert Lainhart			14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Josephine Pratt			15B. BIRTHPLACE (STATE OR COUNTRY) Missouri	

16. INFORMANT'S SIGNATURE Mrs. Eleanor Lainhart				17. DATE OF DEATH April 3, 1955			
ADDRESS 345 W. Indian School Rd. Phoenix				18. CAUSE OF DEATH			

0 0	18. CAUSE OF DEATH ENTER ONE OR MORE CAUSES PER LINE FOR (A), (B), (C). 32 (B, C)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		A) Coronary Occlusion DUE TO (B) abesity - DUE TO (C) alcoholism						
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

4 4	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-2 , 19 55 TO Apr. 3 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON 4-3-55 , 19 55 , AND THAT DEATH OCCURRED AT 4:00 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE Paul S. Arman				22B. ADDRESS 543 E. McDowell Rd. Phoenix				22C. DATE SIGNED 4-4-55	

0 0	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?			

4 4	24A. CORONER'S SIGNATURE				24B. ADDRESS				24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 4-5-55		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	

4 4	26A. DATE REC. BY LOCAL REG. 4/5/55		26B. REGISTRAR'S SIGNATURE Burke Johnson		27A. FUNERAL DIRECTOR'S SIGNATURE W.C. Morrow		27B. ADDRESS Grimshaw Mortuary 334 WEST MONROE PHOENIX, ARIZONA	
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