

4310

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1577

1 OF DEATH AND 74 RESIDENCE X	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 10 yrs. 10 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 3135 Grand Ave.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 3135 Grand Ave.			
PRECEDENT PERSONAL DATA 137 4 204	3. NAME OF DECEASED (TYPE OR PRINT) WILLIAM F. SIMMONS			4. SEX M	5. COLOR OR RACE W	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced		
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH DAY YEAR May 12 1918	8. AGE (IN YEARS) LAST BIRTHDAY 37 3/4	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Route Sales Cleaning	
	9B. KIND OF BUSINESS OR INDUSTRY Dry Cleaning	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	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. Unk.		
	14A. FATHER'S NAME Fred Simmons		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Vivian Schutler		15B. BIRTHPLACE (STATE OR COUNTRY) Montana		
CAUSE OF DEATH (ITEM 18) 0 0	16. INFORMANT'S SIGNATURE Mrs. Gillespie, (friend)			ADDRESS Phoenix, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) (EST.) JULY 4 1955		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 4-20-55 THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.			MEDICAL CERTIFICATION (A) (Arteriosclerotic heart disease) DUE TO (B) DUE TO (C)		
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH		
RATIONS, UTOPSY 2	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [HEREBY CERTIFY THAT I EXAMINED THE BODY] ON 7-5-55 , THAT I LAST SAW THE DECEASED ALIVE ON [DATE], 19 [YEAR], AND THAT DEATH OCCURRED [HEREBY DECEASED] ON [DATE] FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
MEDICAL CERTIFICATION X	22A. SIGNATURE Robert J. Condon		(DE) MARICOPA COUNTY		22B. ADDRESS Phoenix		22C. DATE SIGNED 7-5-55	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Natural Causes		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) In his home		23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Maricopa, Arizona			
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY July 4, 1955 Unk.		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? Natural Causes			
	24A. CORONER'S SIGNATURE W. H. Steiner			CORONER N. West Phoenix, Arizona		24B. ADDRESS		24C. DATE SIGNED July 6, 1955
GENERAL DIRECTOR AND REGISTRAR 2	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE July 8, 1955		25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
	26A. DATE REC. BY LOCAL REG. 7/7/55		26B. REGISTRAR'S SIGNATURE Bulah Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE A. Lee Moore		27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA	