

CERTIFICATE OF DEATH

REGISTRAR'S NO. 21

06
OF DEATH
AND
RESIDENCE
12
K-

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY GREENLEE B. LENGTH OF STAY
IN THIS TOWN 12 yr. 12 yr. IN ARIZONA
 IN CITY LIMITS OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE ARIZONA B. COUNTY GREENLEE
C. CITY OR TOWN DUNCAN IN CITY LIMITS OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 8 MILES NORTH OF DUNCAN

1
CEDENT
PERSONAL
DATA 157
4
855

3. NAME OF DECEASED
A. (FIRST) William B. (MIDDLE) Thomas C. (LAST) Rowden 4. SEX M 5. COLOR OR RACE CAU. 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED

6B. NAME OF SPOUSE IRENE JULIA STAPES 7. DATE OF BIRTH
MONTH Nov. DAY 5 YEAR 1897 8. AGE (IN YEARS) LAST BIRTHDAY 57 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) FARMING

9B. KIND OF BUSINESS OR INDUSTRY FARM 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) OKLAHOMA 11. CITIZEN OF WHAT COUNTRY? U.S.A. 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATE OF SERVICE) NO. 13. SOCIAL SECURITY NO. 458-03-1110

14A. FATHER'S NAME JAMES HENRY Rowden 14B. BIRTHPLACE (STATE OR COUNTRY) ILL. 15A. MOTHER'S MAIDEN NAME NORA BELL KEFFER 15B. BIRTHPLACE (STATE OR COUNTRY) ARK.

16. INFORMANT'S SIGNATURE Irene Julia Rowden ADDRESS 855 17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 15 1955

CAUSE
OF
DEATH
EM 18)

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE (A), (B), OR (C).
† THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) CORONARY Occlusion (disease)
DUE TO (B) THrombosis
DUE TO (C) Rheumatic Cardio-Vascular

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

OPERATIONS,
AUTOPSY

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

MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 8, 1954, TO Aug 13, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Aug 13, 1955, AND THAT DEATH OCCURRED AT about 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) Joseph J. Lovett 22B. ADDRESS Duncan - Arizona 22C. DATE SIGNED 8/16/55

DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSE 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Duncan - Arizona 23C. (CITY OR TOWN) (COUNTY) (STATE) Duncan - Arizona

23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 23F. HOW DID INJURY OCCUR?

CONCORNER'S
CERTIFICATION

24A. CORONER'S SIGNATURE D.B. Wright 24B. ADDRESS Duncan, Ariz 24C. DATE SIGNED 8-16-55

GENERAL
REGISTRAR
AND
REGISTRAR

25A. BURIAL CREMATION REMOVAL 25B. DATE 8/18/1955 25C. NAME OF CEMETERY OR CREMATORY Sheeldon 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Sheeldon Ariz

26A. DATE REC. BY LOCAL REG. 8-19-55 26B. REGISTRAR'S SIGNATURE Ma. Deborra N. Smith, Deputy 27A. FUNERAL DIRECTOR'S SIGNATURE J. M. McLean 27B. ADDRESS Clifton Ariz