ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4835

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1861

1. PLACE OF DEATH — A. COUNTY: Maricopa	B. LENGTH OF STAY — IN THIS TOWN: 2 yrs. IN ARIZONA: life
C. CITY OR TOWN: Phoenix	[X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Memorial Hospital	
2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) — A. STATE: Arizona	B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix	[ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 6622 N. 19th Drive	

3. NAME OF DECEASED (TYPE OR PRINT)	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
	CHARLIE	DEE	WOOTEN	M	W	Never married

6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH	DAY	YEAR	8. AGE (IN YEARS LAST BIRTHDAY)	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)
None	Mar.	25	1944	11					Student

9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	11. CITIZEN OF WHAT COUNTRY?	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)	(IF YES, WAR OR DATES OF SERVICE)	13. SOCIAL SECURITY NO.
Student	Arizona	U.S.A.	No		None

14A. FATHER'S NAME	14B. BIRTHPLACE (STATE OR COUNTRY)	15A. MOTHER'S MAIDEN NAME	15B. BIRTHPLACE (STATE OR COUNTRY)
Jordon L. Wooten	N. Mexico	Margaret Battyany	Calif.

16. INFORMANT'S SIGNATURE	ADDRESS	17. DATE OF DEATH (MONTH)	(DAY)	(YEAR)
Mr. J. L. Wooten, (father)	Same	AUGUST	8	1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 343X

‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 24-30 hrs

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) NONE

DUE TO (C)

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 [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8-3-55, 19__, TO 8-8-55, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 8-8-55, 19__, AND THAT DEATH OCCURRED AT 5:15 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE)	22B. ADDRESS	22C. DATE SIGNED
James L. Grahe, MD	5630 N. 27th Ave. Phoenix, Ari.	Aug. 10, 1955

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

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]	25B. DATE	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)
	Aug. 12, 1955	Greenwood Memorial Park	Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.	26B. REGISTRAR'S SIGNATURE	27A. FUNERAL DIRECTOR'S SIGNATURE	27B. ADDRESS
8/12/55	Beulah Johnston	A. Lee Moore	A. L. MOORE & SONS PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 77695

OF DEATH 27
AND 74
RESIDENCE
2317
1
CEDENT 2
RSONAL 711
DATA
0
855
AUSE OF EATH EM 18) 0
0
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DICAL + FICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S FICATION 1
NERAL ECTOR 85
AND ISTRAR 2