

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <u>Cochise</u>	B. LENGTH OF STAY IN THIS TOWN <u>8 mos</u> IN ARIZONA <u>8 mos</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN <u>Fry, Arizona</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u>	B. COUNTY <u>Cochise</u>
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			C. CITY OR TOWN <u>Fry</u> <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. STREET ADDRESS <u>Gen Del</u> (IF RURAL, GIVE LOCATION)			D. STREET ADDRESS	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Cynthia</u> B. (MIDDLE) <u>Joy</u> C. (LAST) <u>Gault</u>			4. SEX <u>Fem</u>	5. COLOR OR RACE <u>Caucasian</u>
6B. NAME OF SPOUSE			6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>	
7. DATE OF BIRTH MONTH <u>Aug</u> DAY <u>2</u> YEAR <u>1954</u>		B. AGE (IN YEARS LAST BIRTHDAY) <u>1</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>None</u>
14A. FATHER'S NAME <u>Gordon Gault</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>	15A. MOTHER'S MAIDEN NAME <u>Winifred Cutter</u>	13. SOCIAL SECURITY NO. _____	
16. INFORMANT'S SIGNATURE <u>Gordon Gault</u>		ADDRESS _____	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>October 13, 1955</u>	15B. BIRTHPLACE (STATE OR COUNTRY) <u>New York</u>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>7140</u> ‡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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Acute cardiac arrest</u> DUE TO (B) <u>Accidental electrocution</u> DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>DOA</u>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Oct 13, 1955</u> to <u>October 13 1955</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Dead on arrival</u> , 19 <u>6:45 PM</u> , AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
22A. SIGNATURE <u>Erwood Odum, M.D.</u>		22B. ADDRESS <u>US Army Hospital, Ft Huachuca, Ariz</u>		22C. DATE SIGNED <u>Oct 14, 1955</u>
23A. ACCIDENT (SPECIFY) <u>Accident</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>at home</u>	23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Fry, Cochise, Arizona</u>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>October 13, 1955 6:45</u>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? <u>Contact with electric toaster while bathing.</u>	
24A. CORONER'S SIGNATURE <u>Rayner</u>		24B. ADDRESS <u>Lowell, Arizona</u>		24C. DATE SIGNED <u>Oct-14-1955</u>
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Oct. 14, 1955</u>	25C. NAME OF CEMETERY OR CREMATORY <u>Chittenango, New York</u>	
26A. DATE REC. BY LOCAL REG. <u>10-18-55</u>		26B. REGISTRAR'S SIGNATURE <u>Margaret J. McLeady</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Hubbard Mortuary</u>
27B. ADDRESS <u>Bisbee, Arizona</u>				