

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2246

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>2 Yrs.</b> IN ARIZONA <b>2 Yrs.</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
	C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT PERSONAL DATA	D. FULL NAME OF HOSPITAL OR INSTITUTION <b>1030 East Citrus</b> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>525 W. Cambridge</b>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Christopher</b> B. (MIDDLE) <b>Alan</b> C. (LAST) <b>McGill</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Never Married</b>
CAUSE OF DEATH ITEM 18)	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH DAY YEAR <b>July 25 1953</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>2 Yrs.</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Child</b>
	9B. KIND OF BUSINESS OR INDUSTRY -----		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Phx, Arizona</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>	
OPERATIONS, AUTOPSY	14A. FATHER'S NAME <b>Richard McGill</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>		15A. MOTHER'S MAIDEN NAME <b>Jean Niles</b>	
	16. INFORMANT'S SIGNATURE <b>Father-Richard McGill-525 W. Cambridge</b>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>October 3, 1955</b>	
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>327X</b> †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.		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. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b> <b>2 yrs</b>
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>March 1954</b> TO <b>3 Oct 1955</b> , THAT I LAST SAW THE DECEASED ALIVE ON <b>1 Oct 1955</b> , AND THAT DEATH OCCURRED AT <b>8:40 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <b>John R. Hefney MD</b> (DEGREE OR TITLE)		22B. ADDRESS <b>550 W. Thomas Rd</b>		22C. DATE SIGNED <b>5 Oct 1955</b>	
CORONER'S CERTIFICATION	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?	
FUNERAL DIRECTOR AND REGISTRAR	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 <b>10-5-55</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Memory Lawn Memorial Park</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>10/5/55</b>		26B. REGISTRAR'S SIGNATURE <b>Sarah H. Taylor Deputy</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>Edmund A. Kidman</b>		27B. ADDRESS <b>Phoenix, Arizona</b>