

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

138

3 DATE OF DEATH 7 AND 47 RESIDENCE 0402	1. PLACE OF DEATH A. COUNTY Coconino		B. LENGTH OF STAY IN THIS TOWN 35 Years IN ARIZONA 60 Years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)				
	C. CITY OR TOWN Williams		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona		B. COUNTY Coconino		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Williams Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 119 So.4th St				
PRECEDENT PERSONAL DATA 174 x/5	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ida B. (MIDDLE) S. C. (LAST) Massey			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			
	6B. NAME OF SPOUSE Deceased Ira Delmar Massey		7. DATE OF BIRTH MONTH DAY YEAR 7 3 1881	8. AGE (IN YEARS) LAST BIRTHDAY 74	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) Housewife		
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) None		13. SOCIAL SECURITY NO. None			
	14A. FATHER'S NAME Samuel Surrett Sellers		14B. BIRTHPLACE (STATE OR COUNTRY) Alabama	15A. MOTHER'S MAIDEN NAME Martha E. Harton		15B. BIRTHPLACE (STATE OR COUNTRY) Alabama			
16. INFORMANT'S SIGNATURE Don Massey				ADDRESS Williams, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 11 1 1955			
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOLLOWING (A), (B), (C). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ARTERIA, 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) Progressive Renal Failure DUE TO (B) Hypertension DUE TO (C) Senility II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH 5 Days 5 Years 10 Years	
	19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, & AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1954, IS, TO Nov. 1, 1955. THAT I LAST SAW THE DECEASED ALIVE ON Nov. 1, 1955, AND THAT DEATH OCCURRED AT 9:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.								
	22A. SIGNATURE Martina C. [Signature]				22B. ADDRESS Williams, Arizona		22C. DATE SIGNED 11-1-1955		
MEDICAL CERTIFICATION	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Natural Cause		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 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?				
DEATH DUE TO EXTERNAL VIOLENCE	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 Nov 4, 1955		25C. NAME OF CEMETERY OR CREMATORY Williams Loc.		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Williams, Arizona		
CORONER'S CERTIFICATION	26A. DATE REC. BY LOCAL REG. 11-4-55		26B. REGISTRAR'S SIGNATURE Hubey V. [Signature]		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS Williams Ariz		
	FUNERAL DIRECTOR AND REGISTRAR								