

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

7 PLACE OF DEATH AND RESIDENCE 1-38	1. PLACE OF DEATH A. COUNTY Apache		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 76 Yrs 78 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Apache	
	C. CITY OR TOWN St. Johns		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN St. Johns <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT PERSONAL DATA 180 6 155	D. FULL NAME OF HOSPITAL OR INSTITUTION Main St. no number			D. STREET ADDRESS Main St. no number		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) George B. (MIDDLE) Conrad C. (LAST) Overson			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
PRECEDENT PERSONAL DATA 180 6 155	6B. NAME OF SPOUSE Mary Loretta Overson		7. DATE OF BIRTH MONTH DAY YEAR Feb. 6 1875	8. AGE (IN YEARS LAST BIRTHDAY) 80	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) Retired Rancher		9B. KIND OF BUSINESS OR INDUSTRY Cattle		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	
PRECEDENT PERSONAL DATA 180 6 155	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) No		13. SOCIAL SECURITY NO. 527-10-1531	
	14A. FATHER'S NAME Ove Christian Overson		14B. BIRTHPLACE (STATE OR COUNTRY) Denmark		15A. MOTHER'S MAIDEN NAME Mary Christensen	
PRECEDENT PERSONAL DATA 180 6 155	15B. BIRTHPLACE (STATE OR COUNTRY) Denmark			16. INFORMANT'S SIGNATURE Mrs. Mary Overson. St. Johns. Arizona		
	17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 13 1955			18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). 1232		
PRECEDENT PERSONAL DATA 180 6 155	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.			MEDICAL CERTIFICATION (A) Myocardial Infarction DUE TO (B) Arteriosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 10 years
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			19A. DATE OF OPERATION		
PRECEDENT PERSONAL DATA 180 6 155	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		PRECEDENT PERSONAL DATA 180 6 155
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 35 TO Dec 35 THAT I LAST SAW THE DECEASED ALIVE ON Dec 35 AND THAT DEATH OCCURRED AT 4 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			22A. SIGNATURE (DEGREE OR TITLE) James W. ...		
PRECEDENT PERSONAL DATA 180 6 155	23A. ACCIDENT (SPECIFY) SUICIDE		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?	
PRECEDENT PERSONAL DATA 180 6 155	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 12-16-55		25C. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	
PRECEDENT PERSONAL DATA 180 6 155	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) St. Johns, Arizona.			26A. DATE REC. BY LOCAL REG. 12-16-55		26B. REGISTRAR'S SIGNATURE Etta B. Neap
	26C. REGISTRAR'S SIGNATURE Etta B. Neap		27A. FUNERAL DIRECTOR'S SIGNATURE Tom B. Nett		27B. ADDRESS Springerville, Ariz.	