ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6928

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2647

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 20yrs; IN ARIZONA 20yrs
C. CITY OR TOWN: Phoenix — ☒ 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 ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1405 E. Cocopah
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Richard B. (MIDDLE) C C. (LAST) Daulton
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 8 DAY 13 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 70 — 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 Resturant Wk.
9B. KIND OF BUSINESS OR INDUSTRY: Resturant
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ukn.
11. CITIZEN OF WHAT COUNTRY? U.A.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: 527-30-3314
14A. FATHER'S NAME: Andrew Jackson Dalton
14B. BIRTHPLACE (STATE OR COUNTRY): Miss.
15A. MOTHER'S MAIDEN NAME: Mary Alice Flint
15B. BIRTHPLACE (STATE OR COUNTRY): Ukn.
16. INFORMANT'S SIGNATURE: Marie MacGill — ADDRESS: 1843 W. Virginia, Phoenix
17. DATE OF DEATH: (MONTH) November (DAY) 8 (YEAR) 1956

18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡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) Portal cirrhosis — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON ....., 19..., AND THAT DEATH OCCURRED AT 2:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 11-9-56, THAT I LAST SAW THE DECEASED ....., 19..., (DEATH) MARICOPA COUNTY MEDICAL EXAMINER
22A. SIGNATURE: [signature]
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 11-9-56

DEATH DUE TO EXTERNAL VIOLENCE
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: [signature]
24B. ADDRESS: Ford Bldg. Phoenix, Arizona
24C. DATE SIGNED: 11-10-56

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11/12/56
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Maricopa Arizona
26A. DATE REC. BY LOCAL REG.: 11/12/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Edwin S. Holmes
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Edwin S. Holmes
28B. EMBALMER'S CERT. NO.: 361-A

FORM VS-2 REV. 3-15-56

DISE CHAPEL PHOENIX, ARIZONA