

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 15 Yrs IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN Payson		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona	B. COUNTY Gila
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Main St.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Main St.	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Charles B. (MIDDLE) Milton C. (LAST) Morris			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Nadine Morris		7. DATE OF BIRTH MONTH 6 DAY 22 YEAR 1929		B. AGE (IN YEARS LAST BIRTHDAY) 27 Yrs	8A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Carpenter
9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	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	
14A. FATHER'S NAME Rolland E. Morris		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana		15A. MOTHER'S MAIDEN NAME Rebecca E. Crow	
16. INFORMANT'S SIGNATURE H. H. Childers By Telephone, Payson, Ariz			17. DATE OF DEATH (MONTH) Dec. (DAY) 26, (YEAR) 1956		13. SOCIAL SECURITY NO. 527-26-9112
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Fracture of Frontal + Parietal Bones of Skull DUE TO (B) with injury to the brain DUE TO (C) Muller's fracture of skull		INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM after death ALIVE ON 12/26/56 AND THAT DEATH OCCURRED AT 2:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE [Signature]		22B. ADDRESS Payson, Ariz		22C. DATE SIGNED 12/30/56	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE Accident		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Main St.		23C. (CITY OR TOWN) (COUNTY) (STATE) Payson, Gila, Arizona	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 12/26/56 2:45 P.M.		23E. INJURY OCCURRED <input checked="" type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK		23F. HOW DID INJURY OCCUR? Auto Accident.	

24A. CORONER'S SIGNATURE [Signature]		24B. ADDRESS Payson, Arizona		24C. DATE SIGNED 12/30/56	
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE Dec. 26, 1956		25C. NAME OF CEMETERY OR CREMATORY Payson Cemetery	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Payson, Arizona		26A. DATE REC. BY LOCAL REG. 1-9-57		26B. REGISTRAR'S SIGNATURE [Signature]	
26C. PUNERAL DIRECTOR'S SIGNATURE [Signature]		26D. ADDRESS [Address]		27A. PUNERAL DIRECTOR'S SIGNATURE [Signature]	
27B. ADDRESS [Address]		27C. ADDRESS [Address]		27D. ADDRESS [Address]	

OF DEATH AND RESIDENCE
CEDENT
PERSONAL DATA
CAUSE OF DEATH (EM 18)
EXAMINATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
PUNERAL DIRECTOR AND REGISTRAR