

CERTIFICATE OF DEATH

4 OF DEATH AND RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN <u>28 Yrs.</u> IN ARIZONA <u>Life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
	C. CITY OR TOWN <u>Payson</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>Arizona</u>		B. COUNTY <u>Gila</u>
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lumber Yard.</u> (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)				C. CITY OR TOWN <u>Payson</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
					D. STREET ADDRESS <u>Payson</u>		(IF RURAL, GIVE LOCATION)
PRECEDENT PERSONAL DATA 157 9143	3. NAME OF DECEASED A. (FIRST) <u>George</u> B. (MIDDLE) <u>Keith</u> C. (LAST) <u>Owens</u>		4. SEX <u>Male</u>	B. COLOR OR RACE <u>White</u>	8A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
	8B. NAME OF SPOUSE <u>Ella Lee Owens</u>		7. DATE OF BIRTH MONTH <u>9</u> DAY <u>1</u> YEAR <u>1912</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>43 Yrs.</u>	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) <u>Proprietor</u>
	9B. KIND OF BUSINESS OR INDUSTRY <u>Lumber Mill</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>No</u>	13. SOCIAL SECURITY NO. <u>526-24-0110</u>		
	14A. FATHER'S NAME <u>Horace F. Owens</u>	14B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>	15A. MOTHER'S MAIDEN NAME <u>Ethel Shaw</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Missouri</u>		
CAUSE OF DEATH ITEM 18)	16. INFORMANT'S SIGNATURE <u>Ella Lee Owens</u>		ADDRESS <u>Payson, Arizona</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>Jan. 25, 1957</u>		
	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) <u>Electrocution by high tension wire</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12,000 Volts</u>		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		DUE TO (B) _____		DUE TO (C) _____		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>After Death</u> , TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____, AND THAT DEATH OCCURRED AT <u>Appr. 10:00 A</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
MEDICAL CERTIFICATION	22A. SIGNATURE <u>E. M. Hathaway</u>		22B. ADDRESS <u>Payson, Ariz</u>		22C. DATE SIGNED <u>1/26/57</u>		
	23A. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY) <u>Accident</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Lumber Yard</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Payson, Mta, Ariz</u>		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>Jan 25, 1957 10am</u>		23E. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Electrocution</u>		
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS <u>Payson, Arizona</u>		24C. DATE SIGNED		
	25. NAME OF CEMETERY OR CREMATORY <u>Miami, Arizona</u>						
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>Jan. 25, 1957</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)		
	26A. DATE REC. BY LOCAL REG.		26B. REGISTRAR'S SIGNATURE <u>E. M. Hathaway</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		27B. ADDRESS