

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 10

04 63
PLACE OF DEATH
/ AND X-
RESIDENCE
X

DECEDENT
PERSONAL
DATA 125
7
357

9731
CAUSE
OF
DEATH
(ITEM 18)
0
0

OPERATIONS,
AUTOPSY 4

MEDICAL
CERTIFICATION 4

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION 5

FUNERAL
DIRECTOR 19
AND
REGISTRAR 3

301

1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <u>6 Days</u> <u>1 Wk.</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>New York</u>		B. COUNTY <u>Montgomery</u>	
C. CITY OR TOWN <u>Miami</u>		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Palatine Bridge</u>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Miami-Superior Highway</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Box 671</u>			
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Royal</u>		B. (MIDDLE) <u>Richard</u>		C. (LAST) <u>Richards</u>		4. SEX <u>Male</u>	
5A. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>		5. COLOR OR RACE <u>White</u>		6A. HARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Never Married</u>			
6B. NAME OF SPOUSE <u>None</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>4</u> <u>5</u> <u>1931</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>25 Yrs</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Engineer</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>Mining Eng.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>New York</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>Unknown</u>	
13. SOCIAL SECURITY NO. <u>082-24-7207</u>		14A. FATHER'S NAME <u>Royal Richards</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Beatrice F. Bowers</u>	
16. INFORMANT'S SIGNATURE <u>Birth Certificate</u>		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>March</u> <u>12</u> <u>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.	
18. CAUSE OF DEATH		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. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				MEDICAL CERTIFICATION (A) <u>Carbon Monoxide Poisoning</u> DUE TO (B) _____ DUE TO (C) _____	
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		22A. SIGNATURE <u>[Signature]</u>		22B. ADDRESS <u>Box 671, Miami</u>		22C. DATE SIGNED <u>3/12/57</u>	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Suicide</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Canyon, 3 Miles from Miami</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Miami, Dade, Fla</u>		23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	
23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR? <u>Exhaust gas piped into closed station wagon.</u>		24A. CORONER'S SIGNATURE <u>John Carpenter</u>			
24B. ADDRESS <u>Miami-Ariz</u>		24C. DATE SIGNED <u>3-18-57</u>				25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	
25B. DATE <u>Mar. 20, 1957</u>		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Canajoharie, New York</u>		26A. DATE REC. BY LOCAL REG. <u>3/18/57</u>	
26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>[Address]</u>			