

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **663**

4 04 DATE OF DEATH 7 AND 65 4L. RESIDENCE 0701	1. PLACE OF DEATH A. COUNTY <b>Gila</b>		B. LENGTH OF STAY IN THIS TOWN <b>33 1/2</b> IN ARIZONA <b>44 1/2</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Gila</b>	
	C. CITY OR TOWN <b>Globe</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Globe</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gila General Hospital</b>		D. STREET ADDRESS (IF BURIAL, GIVE LOCATION) <b>Routel box 26</b>				
DECEDENT PERSONAL DATA 161 4 558	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Frank Leroy</b> B. (MIDDLE) <b>Parker</b> C. (LAST) <b>Jr.</b>			4. SEX <b>male</b>	5. COLOR OR RACE <b>white</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>
	6B. NAME OF SPOUSE <b>Carrie Perkins</b>		7. DATE OF BIRTH MONTH <b>June</b> DAY <b>30</b> YEAR <b>1888</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>69</b>	9. UNDER 1 YEAR MONTHS <b>10</b> DAYS <b>14</b>	10. UNDER 24 HRS. HOURS <b>**</b> MIN. <b>**</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>postal service</b>		10. BIRTHPLACE (STATE, TERRITORY, FOREIGN COUNTRY) <b>Silver, New Jersey</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	13. SOCIAL SECURITY NO. <b>526-52-8869</b>
14A. FATHER'S NAME <b>Michael Henry Parker</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>New Jersey</b>		15A. MOTHER'S MAIDEN NAME <b>Susan Ella Smith</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>New Jersey</b>
16. INFORMANT'S SIGNATURE (wife) <b>Ms Carrie Parker</b>			ADDRESS <b>Globe, Arizona</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>May 14, 1958 at 3:20 a.m.</b>	
845X CAUSE OF DEATH (ITEM 18)	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 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Skull fracture with extensive brain injury.</b> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <b>9 hours.</b>	
	18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
OPERATIONS, AUTOPSY 9	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 <b>May 13, 1958</b> , TO <b>May 14, 1958</b> , THAT I LAST SAW THE DECEASED ALIVE OR <b>May 14, 1958</b> , AND THAT DEATH OCCURRED AT <b>3:20 A.M.</b> ON THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CERTIFICATION 65 24	22A. SIGNATURE <b>W.C. Hayer, M.D.</b>		22B. ADDRESS <b>Globe, Arizona</b>		22C. DATE SIGNED <b>5-14-58</b>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) <b>accident</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>Ranch</b>		23C. (CITY OR TOWN) (COUNTY) (STATE) <b>Globe, Gila, Arizona.</b>	
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>May 13, 1958 - 6 p.m.</b>		23E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <b>Fell or was thrown from a horse</b>	
	24A. CORONER'S SIGNATURE <b>John White</b>		24B. ADDRESS <b>Box 811 Globe, Arizona</b>		24C. DATE SIGNED <b>5-15-58</b>	
FUNERAL DIRECTOR AND REGISTRAR 17 7	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>May 16, 1958</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Globe Cemetery Masonic Sect</b>	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Globe, Arizona.</b>		25A. DATE REC. BY LOCAL REG. <b>5-15-58</b>		25B. REGISTRAR'S SIGNATURE <b>Dennis Wanner</b>	
25A. DATE REC. BY LOCAL REG. <b>5-15-58</b>		25B. REGISTRAR'S SIGNATURE <b>Dennis Wanner</b>		25C. FUNERAL DIRECTOR'S SIGNATURE <b>Dennis Wanner</b>	25D. ADDRESS <b>Globe, Arizona.</b>	