

CERTIFICATE OF DEATH

REGISTRAR'S NO. 671

14 12 17 9 AND 98 RESIDENCE 0701	1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY IN THIS TOWN 8 days IN ARIZONA 50 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED) A. STATE Arizona B. COUNTY Pinal	
	C. CITY OR TOWN Globe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Apache Junction <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
PRECEDENT 1 PERSONAL DATA 55 7 658	D. FULL NAME OF HOSPITAL OR INSTITUTION Gila General Hospital			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Route #2 box 594 B. Mesa, Arizona		
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ray B. (MIDDLE) Graves. C. (LAST) Parker			4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married
PERSONAL DATA 55 7 658	6B. NAME OF SPOUSE Elizabeth Steinberg		7. DATE OF BIRTH MONTH DAY YEAR Aug 30 1902	B. AGE (IN YEARS LAST BIRTHDAY) 55	IF UNDER 1 YEAR OF MONTHS 9 DAYS 22	IF UNDER 24 HRS. HOURS MIN. 22 22
	8B. KIND OF BUSINESS OR INDUSTRY construction		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Deming, New Mexico	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES (YES, NO, OR UNKNOWN) (IF YES, WAS OR DATES OF SERVICE) yes-World War I U.S. Army	13. SOCIAL SECURITY NO. 526-18-3401
PERSONAL DATA 55 7 658	14A. FATHER'S NAME Oliver Parker		14B. BIRTHPLACE (STATE OR COUNTRY) Virginia	15A. MOTHER'S MAIDEN NAME unknown		15B. BIRTHPLACE (STATE OR COUNTRY) unknown
	15. INFORMANT'S SIGNATURE (wife) Mrs Elizabeth Parker Mesa Ariz			17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 22, 1958 at 9:45 a.m.		
1445 X CAUSE OF DEATH (TEM 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.		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.		MEDICAL CERTIFICATION (A) <u>Anemia</u> malignant Hypertension (B) <u>& Chronic nephritis</u> (C) <u>Anemia</u>	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 8 wks. years	
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 6-14, 1958, TO 6-22, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 6-21, 1958, AND THAT DEATH OCCURRED AT 9:45-9 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CERTIFICATION	21A. SIGNATURE Alexander J. Gosse MD		21B. ADDRESS		22. DATE SIGNED 4-24-58	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)	
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR 17	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE June 27, 1958		25C. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery Sect A #148	
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central Heights, Arizona.		26A. DATE REC. BY LOCAL REG. 6-23-58		26B. REGISTRAR'S SIGNATURE Drew Mauld	
26C. FUNERAL DIRECTOR'S SIGNATURE Gus James Walker		26D. ADDRESS Globe, Arizona.		26E. EMBALMER #323		