

CERTIFICATE OF DEATH

REGISTRAR'S NO. 667.

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY
GILA
C. CITY OR TOWN
GLOBE
D. FULL NAME OF HOSPITAL OR INSTITUTION
GILA GENERAL HOSPITAL

B. LENGTH OF STAY
IN THIS TOWN 13 Yrs. 13 Yrs.
IN ARIZONA
 IN CITY LIMITS
 OUTSIDE CITY LIMITS

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)
A. STATE ARIZONA B. COUNTY GILA
C. CITY OR TOWN GLOBE
D. STREET ADDRESS 335 S. SUTHERLAND

3. NAME OF DECEASED
(TYPE OR PRINT) LUCY ANN PIPER
4. SEX FEMALE
5. COLOR OF RACE WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED
6B. NAME OF SPOUSE JOHN W. PIPER
7. DATE OF BIRTH MONTH 2 DAY 9 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY) 74
9. KIND OF BUSINESS OR INDUSTRY
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) TEXAS
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO NONE
13. SOCIAL SECURITY NO. UNKNOWN
14A. FATHER'S NAME JOHN JONES
14B. BIRTHPLACE (STATE OR COUNTRY) MISSOURI
15A. MOTHER'S MAIDEN NAME ELIZABETH DAVIES
15B. BIRTHPLACE (STATE OR COUNTRY) TENNESSEE

16. INFORMANT'S SIGNATURE
W.C. Ramsey, Globe, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 4 58
18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Generalized peritonitis
2. THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Acute cholecystitis
3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C) Atherosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH 2 days
7 days
5 yrs.

19A. DATE OF OPERATION 6-2-58
19B. MAJOR FINDINGS OF OPERATION Generalized peritonitis
20. AUTOPSY? YES NO
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 5-31, 1958, TO 6-4, 1958, AND THAT DEATH OCCURRED AT 5:03 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE) Edward J. Harris, M.D.
22B. ADDRESS Globe, Arizona
22C. DATE SIGNED 6-4-58

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)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M
23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL OR CREMATION CREMATION REMOVAL
25B. DATE 6-5-58
25C. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Central 1st St. Az.
26A. DATE REC. BY LOCAL REG. 6-5-58
26B. REGISTRAR'S SIGNATURE Irene Hauveller
27A. FUNERAL DIRECTOR'S SIGNATURE Mrs. P. Kelly
27B. ADDRESS 2101 S. 1st St. Phoenix, Ariz.