

CERTIFICATE OF DEATH

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY Gila		B. LENGTH OF STAY (IF THIS TOWN IN ARIZONA) [33 Yrs] Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Gila	
C. CITY OR TOWN Claypool		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Claypool <input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 200 Copper St.				D. STREET ADDRESS 200 Copper St.	
				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Sadie B. (MIDDLE) Jane C. (LAST) Noble			4. SEX Fem.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
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6B. NAME OF SPOUSE Deceased		7. DATE OF BIRTH MONTH 9 DAY 21 YEAR 1878	8. AGE (IN YEARS LAST BIRTHDAY) 80 Yrs	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife
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9B. KIND OF BUSINESS OR INDUSTRY Own Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAS ON DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None
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14A. FATHER'S NAME Jack McAllister	14B. BIRTHPLACE (STATE OR COUNTRY) Kansas	15A. MOTHER'S MAIDEN NAME Sarah A.	15B. BIRTHPLACE (STATE OR COUNTRY)
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16. INFORMANT'S SIGNATURE x Mrs. Billy R. Smith		ADDRESS Globe, Arizona		17. DATE OF DEATH (MONTH) Dec. (DAY) 3, (YEAR) 1958
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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, ARTERIAL, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary Atherosclerosis		
	IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (C) Hypertension		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Nov 25 1958** to **Dec 3 1958**, THAT I LAST SAW THE DECEASED ALIVE ON **Nov 1 1958** AND THAT DEATH OCCURRED AT **9:00 a.m.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE William B. Bishop	22B. ADDRESS 1234 N. Globe Ave	22C. DATE SIGNED 12/3/58
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23A. ACCIDENT (SPECIFY) SUICIDE	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> OR REMOVAL <input type="checkbox"/>	25B. DATE Dec. 6, 1958	25C. NAME OF CEMETERY OR CREMATORY Final Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona
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26A. DATE REC. 12-5-58	26B. REGISTRAR'S SIGNATURE William R. Layton	27A. FUNERAL DIRECTOR'S SIGNATURE W. R. Layton	27B. ADDRESS
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28. EMBALMER'S SIGNATURE W. R. Layton	28B. EMBALMER'S CERT. NO. 22477
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