

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1965

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN <input type="checkbox"/> 16 yrs IN ARIZONA <input type="checkbox"/> 16 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 38 East Victory			
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FRANK B. (MIDDLE) ---- C. (LAST) CHILDRESS		4. SEX Male		5. COLOR OR RACE White			
	6B. NAME OF SPOUSE Lucy A. Childress		7. DATE OF BIRTH MONTH Dec DAY 10 YEAR 1876		8. AGE (IN YEARS LAST BIRTHDAY) 82			
CAUSE OF DEATH (ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois		11. CITIZEN OF WHAT COUNTRY? USA			
	14A. FATHER'S NAME James Madison Childress		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Anna Eliza Prince			
	16. INFORMANT'S SIGNATURE Lucy A. Childress		ADDRESS 38 East Victory		17. DATE OF DEATH (MONTH) JUNE (DAY) 22nd (YEAR) 1959			
MEDICAL CERTIFICATION	18. CAUSE OF DEATH ENTER 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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Cerebral Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis DUE TO (C) Benign Hypertension			INTERVAL BETWEEN ONSET AND DEATH		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 16th, 1959 TO June 22nd, 1959 , THAT I LAST SAW THE DECEASED ALIVE ON June 22nd, 1959 AND THAT DEATH OCCURRED AT 10:35 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE G. B. Bate, M.D. (DEGREE OR TITLE)			22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.		22C. DATE SIGNED 6-23-59		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		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		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED		
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		25B. DATE June 25, 1959		25C. NAME OF CEMETERY OR CREMATORY Greenwood		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
GENERAL RECTORY AND GISTRAR	26A. DATE REC. BY LOCAL REG. 6/24/59		26B. REGISTRAR'S SIGNATURE Beverly Johnston		27A. JUNE 1959 REGISTRAR'S SIGNATURE H. K. Murphy		27B. ADDRESS 330 N. 2d Ave., Phx	
	28A. EMBALMER'S SIGNATURE H. K. Murphy				28B. EMBALMER'S CERT. NO.			