

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2977

Verified  
7  
E OF DEATH  
AND 29  
RESIDENCE  
1315

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 5 yrs 5 yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 2977	
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. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? 1906 E. Thomas YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION							

DECEDENT  
PERSONAL  
DATA  
7  
059

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Arthur B. (MIDDLE) J. C. (LAST) CLEMENT			4. SEX M.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Victoria		7. DATE OF BIRTH MONTH DAY YEAR 6 6 90	8. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HRS.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Merchant, Ret.
9B. KIND OF BUSINESS OR INDUSTRY Retail	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None		
14A. FATHER'S NAME No record		14B. BIRTHPLACE (STATE OR COUNTRY) No record	15A. MOTHER'S MAIDEN NAME No record		15B. BIRTHPLACE (STATE OR COUNTRY) No record	
16. INFORMANT'S SIGNATURE Victoria Clement			ADDRESS Phoenix, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) October 1 1959	

CAUSE  
OF  
DEATH  
(EM 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.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Uremia  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  DUE TO (B) Right ventricular failure DUE TO (C) Pulmonary Emphysema  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH 7 days  2 years  9 yrs.
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OPERATIONS,  
AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL  
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-13-59 TO 10-1-59 THAT I LAST SAW THE DECEASED ALIVE ON 10-1-59 AND THAT DEATH OCCURRED AT 11:20P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE (DEGREE OR TITLE) Pharmaceutical M.D.	22B. ADDRESS Phoenix, Arizona	22C. DATE SIGNED 10-2-59

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

23A. ACCIDENT (SPECIFY) 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	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
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GENERAL  
LECTOR  
AND  
REGISTRAR

25A. BURIAL CREATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 10-5-59	25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
26A. DATE REC. BY LOCAL REG. 10/5/59	26B. REGISTRAR'S SIGNATURE Paula Johnson	27A. FUNERAL DIRECTOR'S SIGNATURE William S. Johnson	27B. ADDRESS W. C. GIBBONS MORTUARY MESA, ARIZONA
	28A. EMBALMER'S SIGNATURE William S. Johnson	28B. EMBALMER'S CERT. NO. 331	