

Checked
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0050

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 24

1. PLACE OF DEATH A. COUNTY Cochise	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 2 yrs. 60 yrs.	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)		
		A. STATE Arizona	CITY OR TOWN Cochise	
	C. CITY OR TOWN Douglas	<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	C. CITY OR TOWN Douglas	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Cochise Co. Hosp.		D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM? 617 G. Ave. YES <input type="checkbox"/> NO <input type="checkbox"/>	

3. NAME OF DECEASED (TYPE OR PRINT) Robert E. Jean			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Maria Jean		7. DATE OF BIRTH MONTH DAY YEAR 4 11 80	8. AGE (IN YEARS LAST BIRTHDAY) 79	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama	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	13. SOCIAL SECURITY NO.
14A. FATHER'S NAME Wm. L. Jean		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn.	15A. MOTHER'S MAIDEN NAME Margaret Oswell		15B. BIRTHPLACE (STATE OR COUNTRY) Ala.
16. INFORMANT'S SIGNATURE County Hospital Records			17. DATE OF DEATH (MONTH) (DAY) (YEAR) 1 28 60		

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. Arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

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 1/16 60 TO 1/28 60 , THAT I LAST SAW THE DECEASED ALIVE ON 1/27 60 AND THAT DEATH OCCURRED AT 8:03 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
22A. SIGNATURE (DECEASED OR TITLE) Frank L. Adams	22B. ADDRESS Douglas Ariz

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE, ETC.)	23C. (COUNTY OR TOWN) (COUNTY) (STATE) 1/29/60
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
--------------------------	--------------	------------------

25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1-30-60	25C. NAME OF CEMETERY OR CREMATORY Pinal	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona
---	-----------------------------	--	--

26A. DATE REC. BY LOCAL OFFICE	26B. REGISTRAR'S SIGNATURE Frank L. Adams	27A. FUNERAL DIRECTOR'S SIGNATURE Arthur Jay	27B. ADDRESS Douglas, Arizona
	28A. EMBALMER'S SIGNATURE Arthur Jay	28B. EMBALMER'S CERT. NO. 321	

166