

**CERTIFICATE OF DEATH**

REGISTRAR'S NO. **# 11**

5  
E OF DEATH  
AND  
L RESIDENCE  
01/07  
1  
PRECEDENT  
PERSONAL DATA  
7  
26  
331X  
CAUSE  
OF  
DEATH  
(ITEM 18)  
1  
OPERATIONS,  
AUTOPSY  
MEDICAL  
CERTIFICATION  
DEATH  
DUE TO  
EXTERNAL  
VIOLENCE  
CORONER'S  
CERTIFICATION  
FUNERAL  
DIRECTOR  
AND  
REGISTRAR  
130

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO.			
		A. COUNTY <b>Graham</b>		IN THIS TOWN <b>30 yrs</b> IN ARIZONA <b>30 yrs</b>		A. STATE <b>Arizona</b>		(WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY <b>Graham</b>			
		C. CITY OR TOWN <b>Safford</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Safford</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
		D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Safford Inn Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>029 1/2 Relation</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST) <b>Joseph</b>			B. (MIDDLE) <b>Emery</b>			C. (LAST) <b>Richards</b>		
4. SEX <b>Male</b>			5. COLOR OR RACE <b>White</b>			6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>					
6B. NAME OF SPOUSE <b>Opal Richards</b>			7. DATE OF BIRTH (MONTH, DAY, YEAR) <b>Oct 12 1903</b>			8. AGE (IN YEARS, LAST BIRTHDAY) <b>56</b>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Contractor</b>		
9B. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</b>			11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes Unknown</b>		
13. SOCIAL SECURITY NO. <b>527-10-3982</b>			14A. FATHER'S NAME <b>John Richards</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Indiana</b>			15A. MOTHER'S MAIDEN NAME <b>Artie May Stice</b>		
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>			16. INFORMANT'S SIGNATURE <i>Miss Opal Richards</i>			ADDRESS <b>Safford, Ariz.</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>February 13, 1960</b>		
18. CAUSE OF DEATH			MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND 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:  ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.  DUE TO (A) <b>Bronchopneumonia</b> DUE TO (B) <b>CVA</b> DUE TO (C)						2 days 4 days		
			II. OTHER SIGNIFICANT CONDITIONS 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 <b>Jan 1960</b> TO <b>2-13 1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>2-13 1960</b> AND THAT DEATH OCCURRED AT <b>6:00 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.											
22A. SIGNATURE (DEGREE OR TITLE) <i>Charles H. Kaylor, M.D.</i>				22B. ADDRESS <b>Safford, Ariz.</b>				22C. DATE SIGNED <b>2-19-60</b>			
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)				23B. PLACE OF INJURY (E.G., IN OR OUT 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 checked="" 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 checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			25B. DATE <b>2/17/60</b>			25C. NAME OF CEMETERY OR CREMATORY <b>Thatcher Cemetery</b>			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Thatcher, Arizona</b>		
26A. DATE REC. BY LOCAL REG. <b>2-17-60</b>			26B. REGISTRAR'S SIGNATURE <i>Charles H. Kaylor</i>			27A. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. Caldwell</i>			27B. ADDRESS <b>Safford</b>		
28A. EMBALMER'S SIGNATURE <i>Arizona Dale Abarstedt</i>			28B. EMBALMER'S CERT. NO. <b>368-A</b>								