

CERTIFICATE OF DEATH

REGISTRAR'S NO. **362776**

BIRTH NO.

Finalist
Verified
19 66
PLACE OF DEATH
AND
USUAL RESIDENCE
X-
PRECEDENT
PERSONAL DATA
7
360
985X
CAUSE
OF
DEATH
ITEM 18)
OPERATIONS
AUTOPSY
MEDICAL
CERTIFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
CERTIFICATION
FUNERAL
DIRECTOR
AND
REGISTRAR

1. PLACE OF DEATH A. COUNTY Pinal		B. LENGTH OF STAY IN THIS TOWN 2Yrs IN ARIZONA 2yrs		2. USUAL RESIDENCE A. STATE Ohio B. COUNTY Unkn	
C. CITY OR TOWN Florence <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Springfield <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION Arizona State Prison (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1847 Russell St.		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ROBERT B. (MIDDLE) DWIGHT C. (LAST) FENTON		4. SEX M	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced	
6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 6 DAY 7 YEAR 34	8. AGE (IN YEARS) LAST BIRTHDAY) 25	IF UNDER 1 YEAR MONTHS _____ DATE _____	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVER IF RETIRED) Business Mgr.
9B. KIND OF BUSINESS OR INDUSTRY Unknown		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes	13. SOCIAL SECURITY NO. Unk
14A. FATHER'S NAME Elbert Fenton		14B. BIRTHPLACE (STATE OR COUNTRY) Unknown	15A. MOTHER'S MAIDEN NAME Unknown		15B. BIRTHPLACE (STATE OR COUNTRY) Unknown
16. INFORMANT'S SIGNATURE Arizona State Prison Records			ADDRESS Florence,		17. DATE OF DEATH (MONTH) 3 (DAY) 11 (YEAR) 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: (A) Hydrogen Cyanide Gas ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Legal Execution DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			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"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ IS _____ TO 3-11-60 THAT I LAST SAW THE DECEASED ALIVE ON 3-11-60 AND THAT DEATH OCCURRED AT 5:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE E. S. Head, M.D.		(DEGREE OR TITLE)		22B. ADDRESS Florence, Arizona	22C. DATE SIGNED 3-11-60
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?	
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 3/17/60	25C. NAME OF CEMETERY OR CREMATORY Briggs-Crematory		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tucson, Ariz
26A. DATE REC. BY LOCAL REG. 3-28-60		26B. REGISTRAR'S SIGNATURE Edith L. Eggers		27A. FUNERAL DIRECTOR'S SIGNATURE Colt & Mandel Mortuary	27B. ADDRESS Blumen
28A. EMBALMER'S SIGNATURE George Hassmiller		28B. EMBALMER'S CERT. NO. 222A			