

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 57

|                                                   |                                                                                                                                                                                                                                                            |  |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                              |                                                                                                                      |                                                                            |                                                                                     |                                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| PLACE OF DEATH<br>ND<br>RESIDENCE                 | 1. PLACE OF DEATH<br>A. COUNTY <b>Pinal</b>                                                                                                                                                                                                                |  | B. LENGTH OF STAY<br>IN THIS TOWN IN ARIZONA<br><b>6 Mo 8 Yrs</b>                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         | 2. USUAL RESIDENCE<br>A. STATE <b>Ohio</b>                         |                                              | REGISTRAR'S NO. 57<br>(WHERE DECEASED LIVED.<br>IF INSTITUTION: RESIDENCE BEFORE ADMISSION)<br>B. COUNTY <b>ROSS</b> |                                                                            |                                                                                     |                                                                                              |
|                                                   | C. CITY OR TOWN <b>Florence, Ariz.</b><br><input type="checkbox"/> IN CITY LIMITS<br><input checked="" type="checkbox"/> OUTSIDE CITY LIMITS                                                                                                               |  | C. CITY OR TOWN <b>Laureville</b><br><input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |                                                                                                                                                                                                                                                                                                                                                                                                                         | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS<br><b>Unknown</b>      |                                              | E. IS RESIDENCE ON A FARM?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                    |                                                                            |                                                                                     |                                                                                              |
| IDENT<br>SONAL<br>ATA                             | 3. NAME OF DECEASED<br>(TYPE OR PRINT) <b>Alexander</b>                                                                                                                                                                                                    |  |                                                                                                                                         | A. (FIRST)                                                                                                                                                                                                                                                                                                                                                                                                              | B. (MIDDLE)                                                        | C. (LAST) <b>Simmons</b>                     | 4. SEX <b>M</b>                                                                                                      | 5. COLOR OR RACE <b>White</b>                                              | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)<br><b>Married</b>           |                                                                                              |
|                                                   | 6B. NAME OF SPOUSE<br><b>Fanah</b>                                                                                                                                                                                                                         |  |                                                                                                                                         | 7. DATE OF BIRTH<br>MONTH DAY YEAR<br><b>8 8 92</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                    | 8. AGE (IN YEARS LAST BIRTHDAY)<br><b>67</b> |                                                                                                                      | IF UNDER 1 YEAR MONTHS DAYS                                                | IF UNDER 24 HRS. HOURS MIN.                                                         | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)<br><b>Labor</b> |
| 7<br>460                                          | 9B. KIND OF BUSINESS OR INDUSTRY<br><b>General</b>                                                                                                                                                                                                         |  | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)<br><b>Ohio</b>                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                         | 11. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>                      |                                              | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN)<br><b>Yes</b>                                     |                                                                            | 13. SOCIAL SECURITY NO. <b>302-89-8589</b>                                          |                                                                                              |
|                                                   | 14A. FATHER'S NAME<br><b>George Simmons</b>                                                                                                                                                                                                                |  |                                                                                                                                         | 14B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Penn</b>                                                                                                                                                                                                                                                                                                                                                                       |                                                                    | 15A. MOTHER'S MAIDEN NAME<br><b>Devault</b>  |                                                                                                                      |                                                                            | 15B. BIRTHPLACE (STATE OR COUNTRY)<br><b>Unknown</b>                                |                                                                                              |
| 1701<br>0<br>EM 18)                               | 16. INFORMANT'S SIGNATURE<br><b>Mrs. Fanah Simmons, Florence, Ariz.</b>                                                                                                                                                                                    |  |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDRESS                                                            |                                              |                                                                                                                      |                                                                            | 17. DATE OF DEATH<br>(MONTH) (DAY) (YEAR)<br><b>4 27 60</b>                         |                                                                                              |
|                                                   | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br><br>THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br><br>PLACE DISEASE CONTRACTED. |  |                                                                                                                                         | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Acute Coronary Occlusion</b><br><br>ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.<br><br>DUE TO (B) _____<br><br>DUE TO (C) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. |                                                                    |                                              |                                                                                                                      |                                                                            |                                                                                     | INTERVAL BETWEEN ONSET AND DEATH                                                             |
| ATIONS,<br>TOPSY                                  | 19A. DATE OF OPERATION                                                                                                                                                                                                                                     |  | 19B. MAJOR FINDINGS OF OPERATION                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                              |                                                                                                                      |                                                                            | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |                                                                                              |
|                                                   | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>POST MORTEM EXAMINATION</b> 19 THAT I LAST SAW THE DECEASED ALIVE ON _____ 19 AND THAT DEATH OCCURRED AT <b>7:15 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.                          |  |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                    |                                              |                                                                                                                      |                                                                            |                                                                                     |                                                                                              |
| DEATH<br>DUE TO<br>EXTERNAL<br>VIOLENCE           | 22A. SIGNATURE<br><b>E. P. Heap, M.D.</b><br>(DEGREE OR TITLE)                                                                                                                                                                                             |  |                                                                                                                                         | 22B. ADDRESS<br><b>Florence, Arizona</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                              | 22C. DATE SIGNED<br><b>4-28-60</b>                                                                                   |                                                                            |                                                                                     |                                                                                              |
|                                                   | 23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE<br><b>Natural Cause</b><br>(SPECIFY)                                                                                                                                                                          |  |                                                                                                                                         | 23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)                                                                                                                                                                                                                                                                                                                                |                                                                    |                                              | 23C. (CITY OR TOWN) (COUNTY) (STATE)                                                                                 |                                                                            |                                                                                     |                                                                                              |
| ONER'S<br>FICATIONS                               | 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<br><b>Arthur C. Dornier</b>                                                                                                                                                                                                       |  |                                                                                                                                         | 24B. ADDRESS<br><b>Florence, Arizona</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                              | 24C. DATE SIGNED<br><b>4-28-60</b>                                                                                   |                                                                            |                                                                                     |                                                                                              |
| NERAL<br>ECTOR<br>AND<br>ISTRAR                   | 25A. BURIAL CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>                                                                                                                                                                             |  | 25B. DATE<br><b>4/30/60</b>                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                         | 25C. NAME OF CEMETERY OR CREMATORY<br><b>Valley Memorial Park</b>  |                                              |                                                                                                                      | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)<br><b>Coolidge, Arizona.</b> |                                                                                     |                                                                                              |
|                                                   | 26A. DATE REC. BY LOCAL REG.                                                                                                                                                                                                                               |  | 26B. REGISTRAR'S SIGNATURE<br><b>Arthur C. Dornier</b>                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         | 27A. FUNERAL DIRECTOR'S SIGNATURE<br><b>Cole &amp; Maud Minter</b> |                                              |                                                                                                                      | 27B. ADDRESS<br><b>Florence</b>                                            |                                                                                     |                                                                                              |
| 28A. EMBALMER'S SIGNATURE<br><b>Luigi Merrill</b> |                                                                                                                                                                                                                                                            |  |                                                                                                                                         | 28B. EMBALMER'S CERT. NO.<br><b>272A</b>                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                              |                                                                                                                      |                                                                            |                                                                                     |                                                                                              |