

CERTIFICATE OF DEATH

REGISTRAR'S NO.

17 05  
CE OF DEATH  
AND 76  
RESIDENCE  
1308

DECEDENT  
PERSONAL  
DATA  
4  
760

962X  
CAUSE  
OF  
DEATH  
(ITEM 18)  
0

OPERATIONS  
AUTOPSY

MEDICAL  
CERTIFICATION

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

CORONER'S  
CERTIFICATION

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>18 days Life</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Graham</b>	
C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Safford</b> <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Good Samaritan Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>R1 Box 53</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>Enos</b> B. (MIDDLE) <b>Alma</b> C. (LAST) <b>Howard</b>		4. SEX <b>male</b>	
5A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>		5. COLOR OR RACE <b>white</b>		5A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>married</b>	
6B. NAME OF SPOUSE <b>Marjorie Howard</b>		7. DATE OF BIRTH MONTH   DAY   YEAR <b>4   12   00</b>		8. AGE (IN YEARS) LAST BIRTHDAY <b>60</b>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Farmer</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Alabama</b>	
11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>		13. SOCIAL SECURITY NO. <b>527-48-2800</b>	
14A. FATHER'S NAME <b>Edmund Dysert Howard</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Alabama</b>		15A. MOTHER'S MAIDEN NAME <b>Adelia Nelms</b>	
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Alabama</b>		16. INFORMANT'S SIGNATURE <b>Mrs. Marjorie Howard</b>		ADDRESS <b>R1 Box 53, Safford</b>	
17. DATE OF DEATH <b>July 7 1960</b>		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>962X</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Pulmonary embolus</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. PLACE DISEASE CONTRACTED.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <b>6-20-60</b>		19B. MAJOR FINDINGS OF OPERATION <b>Left hemiparesis osteomyelitis left</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>6-20-1960</b> TO <b>7-7-1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>7-6-1960</b> AND THAT DEATH OCCURRED AT <b>10:30 P. M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <b>Harold F. Hartman MD</b>		22B. ADDRESS <b>2011 N Central</b>		22C. DATE SIGNED <b>7-8-60</b>	
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? <b>Left hip injured when pt. was 14 yrs. old by a fall</b>	
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 <b>7/9/60</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Hubbard Cemetery</b>	
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Thatcher, Arizona</b>		26A. DATE REC. BY LOCAL REG. <b>7-7-60</b>		26B. REGISTRAR'S SIGNATURE <b>Beulah Johnston</b>	
26C. REGISTRAR'S SIGNATURE <b>W. E. Pope</b>		26D. FEDERAL DIRECTOR'S SIGNATURE <b>Mortensen-Kingsley Mort.</b>		26E. ADDRESS <b>Phoenix, Arizona</b>	
26F. EMBALMER'S SIGNATURE <b>W. E. Pope</b>		26G. EMBALMER'S CERT. NO. <b>407</b>		26H. EMBALMER'S CERT. NO. <b>407</b>	