

48210

CERTIFICATE OF DEATH

PLACE OF DEATH HAND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 32 yrs IN ARIZONA 67 yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 46	
	C. CITY OR TOWN Higley		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Higley		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 72 Power Road				D. STREET (IF RURAL, GIVE LOCATION) 72 Power Road		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) SARAH LOVEDA POWER			4. SEX Fem	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
	6B. NAME OF SPOUSE deceased		7. DATE OF BIRTH MONTH DAY YEAR Oct 14 1881	8. AGE (IN YEARS) LAST BIRTHDAY 78	IF UNDER 1 YEAR MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	11. CITIZEN OF WHAT COUNTRY? U.S.A.	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. None			
CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME O. C. Bullock		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa	15A. MOTHER'S MAIDEN NAME Edith Bennett		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa		
	16. INFORMANT'S SIGNATURE Ivan Power			ADDRESS Tempe, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct 11 1960		
	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, ARTERIENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Myocardial infarction DUE TO (B) Atherosclerosis Heart disease DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 yrs.	
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 21, 1957 TO Oct 11, 1960, THAT I LAST SAW THE DECEASED ALIVE ON Oct 11, 1960 AND THAT DEATH OCCURRED AT 4:30 P.M., M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE Jeff H. Douglas M.D.		22B. ADDRESS Chandler, Ariz.		22C. DATE SIGNED 10/13/60			
	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 M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
DRONER'S TIFICATION	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 10/14/60		25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
	26A. DATE REC. BY LOCAL REG. 10-13-60		26B. REGISTRAR'S SIGNATURE Pearl Dougherty		27A. FUNERAL DIRECTOR'S SIGNATURE William S. Johnson		27B. ADDRESS M. L. GIBBONS MORTUARY MESA, ARIZONA	
28A. EMBALMER'S SIGNATURE William S. Johnson				28B. EMBALMER'S CERT. NO. 331				

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