

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

2369

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

7 17
PLACE OF DEATH
4 AND 29
RESIDENCE
0450

PRECEDENT
PERSONAL
DATA
1/2
5
361

5411
CAUSE
OF
DEATH
ITEM 18

OPERATIONS
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

GENERAL
REGISTRAR
AND
GISTRAR

101

1. PLACE OF DEATH A. COUNTY <u>Maricopa</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 yr</u> IN ARIZONA <u>1 yr</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>			
C. CITY OR TOWN <u>Mesa</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mesa General Hospital</u>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>3731 W. Lewis</u>		E. IS RESIDENCE ON A FARM YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Orlando</u> B. (MIDDLE) <u>Clement</u> C. (LAST) <u>Williams Jr</u>			4. SEX <u>Male</u>	5. COLOR OR RACE <u>White</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>		
6B. NAME OF SPOUSE <u>Joyce Williams</u>			7. DATE OF BIRTH MONTH <u>6</u> DAY <u>18</u> YEAR <u>1918</u>	8. AGE (IN YEARS; LAST BIRTHDAY) <u>42</u>	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) <u>Electronic Tech.</u>
9B. KIND OF BUSINESS OR INDUSTRY <u>Electricity</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Utah</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>Yes World War II</u>	
14A. FATHER'S NAME <u>Orlando C. Williams Sr.</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Mexico</u>		15A. MOTHER'S MAIDEN NAME <u>Laura Martha Webb</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Arizona</u>
16. INFORMANT'S SIGNATURE <u>Joyce Williams</u>				ADDRESS <u>3731 W. Lewis</u>		17. DATE OF DEATH (MONTH) <u>March</u> (DAY) <u>4</u> (YEAR) <u>1961</u>	
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, ASTHENA, 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) <u>Acute Medullary failure</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Anemia, post surgical shock</u> DUE TO (C) <u>Toxemia and peritonitis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Perforated second duodenal ulcer</u> CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>24 hours</u> <u>48 hrs</u>	
19A. DATE OF OPERATION <u>2/22/61</u>		19B. MAJOR FINDINGS OF OPERATION <u>Eroded perforated duodenal ulcer in head of pancreas</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>2/22/61</u> 19___ TO <u>3/4/61</u> 19___ THAT I LAST SAW THE DECEASED ALIVE ON ___ 19___ AND THAT DEATH OCCURRED AT ___ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <u>[Signature]</u>			(DRORR OR TELE)		22B. ADDRESS <u>Mesa, Arizona</u>		22C. DATE SIGNED
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE			23B. PLACE OF INJURY (IF 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 checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>3-8-61</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Mesa City Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Mesa, Arizona</u>	
26A. DATE REC. BY LOCAL REG. <u>3-7-61</u>		26B. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		27B. ADDRESS <u>Phoenix, Arizona</u>	
28A. EMBALMER'S SIGNATURE <u>W. E. Pope</u>				28B. EMBALMER'S CERT. NO. <u>401A</u>			