

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7098
453

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

AGE OF DEATH
15 AND 83
RESIDENCE
0348

DECEDENT
PERSONAL
DATA
4
861

177X
CAUSE
OF
DEATH
(ITEM 18)

OPERATIONS,
AUTOPSY

MEDICAL
CERTIFICATION

DEATH
DUE TO
EXTERNAL
VIOLENCE

CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR
AND
REGISTRAR

106

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 6 Yrs		IN ARIZONA 6 Yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona				B. COUNTY Maricopa									
C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg		<input type="checkbox"/> IN CITY LIMITS		<input checked="" type="checkbox"/> OUTSIDE CITY LIMITS									
D. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital						D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 4 Mi. E. Phoenix Hwy						E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (TYPE OR PRINT) Austin Robert Douthart			A. (FIRST)			B. (MIDDLE)			C. (LAST)			4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			
6B. NAME OF SPOUSE Emma Douthart				7. DATE OF BIRTH MONTH DAY YEAR Dec 15 1888		8. AGE (IN YEARS) LAST BIRTHDAY 72		IF UNDER 24 HRS. MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Plant Manager							
9B. KIND OF BUSINESS OR INDUSTRY Telephone		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED (YES, NO, OR UNKNOWN) No		EVER IN U. S. ARMED FORCES? (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO 510-24-1808									
14A. FATHER'S NAME William Douthart				14B. BIRTHPLACE (STATE OR COUNTRY) Kansas		15A. MOTHER'S MAIDEN NAME Susan Pendleton Dr				15B. BIRTHPLACE (STATE OR COUNTRY) Oregon									
16. INFORMANT'S SIGNATURE Mrs Emma Douthart Wickenburg Arizona						ADDRESS						17. DATE OF DEATH August 30 1961		(MONTH) (DAY) (YEAR)					
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: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST. DUE TO (A) Carcinoma of prostate & metastasis DUE TO (B) metastasis DUE TO (C)						MEDICAL CERTIFICATION		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 8-28-61 19___ TO 8-30-61 19___ THAT I LAST SAW THE DECEASED ALIVE ON 8-30-61 19___ AND THAT DEATH OCCURRED AT 4:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.												22A. SIGNATURE of Lloyd B. Ralston M.D. (DEGREE OR TITLE)		22B. ADDRESS Wickenburg Arizona				22C. DATE SIGNED 8-27-61	
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 checked="" 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 9-2-61		25C. NAME OF CEMETERY OR CREMATORY Wickenburg				25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona											
26A. DATE REC. BY LOCAL REG. 9-2-61		26B. REGISTRAR'S SIGNATURE Mrs Robert Shacter Deputy Registrar				27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Coffey				27B. ADDRESS Wickenburg Arizona									
28A. EMBALMER'S SIGNATURE H. L. Coffey						28B. EMBALMER'S CERT. NO. 188-A													