

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

8511

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3502

PLACE OF DEATH AND RESIDENCE 10306	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 42 Years 42 Years		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2009 W. Van Buren	
DECEDENT PERSONAL DATA 174 7 161	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Truman B. (MIDDLE) Boyd C. (LAST) Harris			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Irene K. Harris		7. DATE OF BIRTH MONTH 4 DAY 27 YEAR 1887	8. AGE (IN YEARS LAST BIRTHDAY) 74	IF UNDER 1 YEAR MONTHS IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Bus Operator
	9B. KIND OF BUSINESS OR INDUSTRY City of Phoenix	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tennessee	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. 527-56-7729	
	14A. FATHER'S NAME unk		14B. BIRTHPLACE (STATE OR COUNTRY) unk	15A. MOTHER'S MAIDEN NAME unk		15B. BIRTHPLACE (STATE OR COUNTRY) unk
16. INFORMANT'S SIGNATURE Irene K. Harris			ADDRESS 2009 W. Van Buren		17. DATE OF DEATH (MONTH) 10 (DAY) 11 (YEAR) 61	
4300 CAUSE OF DEATH (ITEM 18)	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH? (A) Arteriosclerotic Heart Disease DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			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"/>
OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ (HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED) ON 10/12/61 THAT I LAST SAW THE DECEASED ALIVE ON _____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE John K. Beverly		22B. ADDRESS Phoenix		22C. DATE SIGNED 10/12/61	
DEATH DUE TO EXTERNAL VIOLENCE	23. ACCIDENT, SUICIDE, HOMICIDE, NATURAL CAUSE (SPECIFY) Natural		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?	
	24A. CORONER'S SIGNATURE Edna Louise W. Outfall JR			24B. ADDRESS 15 No. 2nd Ave.		24C. DATE SIGNED 10-13-1961
CORONER'S CERTIFICATION	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 10-16-61	25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		
	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix		25E. FUNERAL DIRECTOR'S SIGNATURE Carl Moore & Sons		25F. ADDRESS Phoenix	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 10/13/61		26B. REGISTRAR'S SIGNATURE Helen E. Macnab		26C. EMBALMER'S SIGNATURE John W. Young	
	26D. EMBALMER'S SIGNATURE		26E. EMBALMER'S CERT. NO. 300			