

CERTIFICATE OF DEATH

REGISTRAR'S NO. 3533

PUNCHED
VERIFIED
BIRTH NO.

1 7 CE OF DEATH 9 AND 79 ALL RESIDENCE 0238	1. PLACE OF DEATH A. COUNTY Maricopa Maricopa		B. LENGTH OF STAY 58 years 06 years		2. USUAL RESIDENCE 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 Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1917 W. Monroe			
PRECEDENT 3 PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) JAMES		B. (MIDDLE) SIMPSON		C. (LAST) SIMPSON			
	4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 12 DAY 20 YEAR 1872		8. AGE (IN YEARS) LAST BIRTHDAY) 88			
CAUSE OF DEATH (ITEM 18)	9B. KIND OF BUSINESS OR INDUSTRY Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri		11. CITIZEN OF WHAT COUNTRY? U.S.A.			
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, OR UNKNOWN) No		13. SOCIAL SECURITY NO. unk.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Masonry Contractor			
	14A. FATHER'S NAME W. H. Simpson		14B. BIRTHPLACE (DATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME Nancy Elizabeth Parker			
OPERATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE Margaret Sewerson			ADDRESS 1917 W. Monroe		17. DATE OF DEATH (MONTH) October (DAY) 15 (YEAR) 1961		
	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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Congestive heart failure DUE TO (B) Arteriosclerotic heart disease DUE TO (C) Arteriosclerosis, general II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility				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"/>			
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM October 1 , 19 61 TO October 15 , 19 61 , THAT I LAST SAW THE DECEASED ALIVE ON October 15 , 19 61 , AND THAT DEATH OCCURRED AT 2:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	22A. SIGNATURE <i>[Signature]</i> (DEGREE OR TITLE)			22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.		22C. DATE SIGNED 10-16-61		
	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)			
DEATH DUE TO EXTERNAL VIOLENCE	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 10-17-61		25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 10/17/61		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27B. ADDRESS Phoenix	
	28A. EMBALMER'S SIGNATURE <i>[Signature]</i>		28B. EMBALMER'S CERT. NO. 324					