

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10278

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4278

BIRTH NO.

7 OF DEATH
AND
RESIDENCE
0238

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 9 hrs IN ARIZONA 15 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Gilbert <input 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) Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 69 West Washington	

PRECEDENT
PERSONAL
DATA
4
16

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) FRANK B. (MIDDLE) M. C. (LAST) DUNLAP			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Hazel Dunlap		7. DATE OF BIRTH MONTH May DAY 2 YEAR 1903	8. AGE (IN YEARS) (LAST BIRTHDAY) 58	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arkansas	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO. 521-01-7259
14A. FATHER'S NAME William M. Dunlap		14B. BIRTHPLACE (STATE OR COUNTRY) Missouri	15A. MOTHER'S MAIDEN NAME Mollie Carroll		15B. BIRTHPLACE (STATE OR COUNTRY) Missouri
16. INFORMANT'S SIGNATURE Hazel Dunlap			ADDRESS 69 West Washington, Gilbert.		
17. DATE OF DEATH (MONTH) December (DAY) 14 (YEAR) 1961					

CAUSE
OF
DEATH
ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>(THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.)</i>		ARIZ. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Lymphoma, malignant, lungs, spleen, heart (primary site undetermined) DUE TO (B) _____ DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchopneumonia terminal		INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

OPERATIONS,
AUTOPSY

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM October 9, 1961 TO December 14, 1961 , THAT I LAST SAW THE DECEASED ALIVE ON December 14, 1961 AND THAT DEATH OCCURRED AT 4:14 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
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MEDICAL
CERTIFICATION

22A. SIGNATURE William M. Dunlap M.D.	22B. ADDRESS 3435 W. Hurango, Phoenix, Ariz.	22C. DATE SIGNED 12-15-61
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DEATH
DUE TO
EXTERNAL
VIOLENCE

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	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Dec. 15, 1961	25C. NAME OF CEMETERY OR CREMATORY Mesa Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
26A. DATE REC. BY LOCAL REG. 12/16/61	26B. REGISTRAR'S SIGNATURE Bernard Johnson	27A. FUNERAL DIRECTOR'S SIGNATURE William S. Johnson	28A. EMBALMER'S SIGNATURE William S. Johnson

WILLIAM S. JOHNSON'S MORTUARY
MESA, ARIZONA
28B. EMBALMER'S CERT. NO. **331**