PUNCHED VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7299

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3012

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 wk; IN ARIZONA: 10 yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Doctors Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 502 W. Hardy
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RICHARD B. (MIDDLE) T. C. (LAST) WALTERS
4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Frances Walters
7. DATE OF BIRTH — MONTH: Dec DAY: 22 YEAR: 1923
8. AGE (IN YEARS LAST BIRTHDAY): 38 — 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): Foreman
9B. KIND OF BUSINESS OR INDUSTRY: Telephone Co
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): W W II
13. SOCIAL SECURITY NO.: 525-32-7794
14A. FATHER'S NAME: William S. Walters
14B. BIRTHPLACE (STATE OR COUNTRY): Louisiana
15A. MOTHER'S MAIDEN NAME: Nancy Tompkins
15B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
16. INFORMANT'S SIGNATURE: Mrs. Frances Walters, Tucson, Arizona — ADDRESS
17. DATE OF DEATH (MONTH) August (DAY) 16 (YEAR) 1962

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, ASTHENIA, 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) Gunshot Wound, Head — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ DUE TO (C) ____
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____ 19__ TO ____ 19__ ALIVE ON ____ 19__ AND THAT DEATH OCCURRED AT 2:35 A M. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED, 8/16 19 62 THAT I LAST SAW THE DECEASED ____ DAYS PRIOR TO DEATH. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Darius Behnam, M.D. (DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phx - Ariz
22C. DATE SIGNED: 8/16/62

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Homicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): House
23C. (CITY OR TOWN) Phoenix (COUNTY) Maricopa (STATE) Ariz
23D. TIME OF INJURY (MONTH) 8 (DAY) 16 (YEAR) 1962 (HOUR) 2:35 AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Gunshot Wound head

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE: Stanley Kimball
24B. ADDRESS: Phoenix Arizona
24C. DATE SIGNED: 8-17-1962

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 8-17-62
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 8/20/62
26B. REGISTRAR'S SIGNATURE: Marion Fernandez, Dpty
27A. FUNERAL DIRECTOR'S SIGNATURE: John D. Hanley
27B. ADDRESS: 330 N. 2d Ave., Phx
28A. EMBALMER'S SIGNATURE: John D. Hanley
28B. EMBALMER'S CERT. NO.: 406-A

FORM VS-7 REV. 5-60 (25M) ARIZONA

Whitney & Murphy Funeral Home, Phoenix