

FILED  
INDEXED

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7744  
67

CERTIFICATE OF DEATH

BIRTH NO.

PLACE OF DEATH  
AND  
USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY <b>GRAHAM</b>		B. LENGTH OF STAY IN THIS TOWN <b>20 Yrs.</b> IN ARIZONA <b>45 Yrs</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		REGISTRAR'S NO. <b>7744</b> (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <b>Safford</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Safford</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Safford Inn Hospital</b>				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>1210 W. Thatcher Blvds</b>		E. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

DECEDENT  
PERSONAL  
DATA

3. NAME OF DECEASED (TYPE OR PRINT) <b>Merle M. Layton</b>			A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX <b>Female</b>	5. COLOR OR RACE <b>White</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>
6B. NAME OF SPOUSE <b>Roy. W. Layton</b>			7. DATE OF BIRTH MONTH <b>Nov.</b> DAY <b>22</b> YEAR <b>1911</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>50 Years</b>	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) <b>Homemaker</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Utah</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>no</b>		IF YES, WAR OR DATES OF SERVICE <b>none</b>		13. SOCIAL SECURITY NO. <b>none</b>
14A. FATHER'S NAME <b>CLARK CHASE MANGUM</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>Utah</b>		15A. MOTHER'S MAIDEN NAME <b>Mary Ethel Kerr</b>			15B. BIRTHPLACE (STATE OR COUNTRY)
16. INFORMANT'S SIGNATURE						17. DATE OF DEATH (MONTH) <b>September</b> (DAY) <b>13</b> (YEAR) <b>1962</b>		

174X  
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Cancer of Uterus</b> 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 <b>1955 - 1962</b>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

OPERATIONS,  
AUTOPSY

MEDICAL  
CERTIFICATION  
0715

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Jan 59</b> 19__ TO <b>Sept 1962</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>9/12 1962</b> , AND THAT DEATH OCCURRED AT <b>5:16 A.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <b>R.B. Patterson M.D.</b>		22B. ADDRESS <b>503 5th Ave Safford Ariz.</b>	
22C. DATE SIGNED <b>9/13/62</b>			

DEATH  
DUE TO  
EXTERNAL  
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	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
--------------------------	--------------	------------------

FUNERAL  
DIRECTOR  
AND  
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>Sept. 15, 1962</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Resthaven Memorial Gardens</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Safford, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>15/62</b>	26B. REGISTRAR'S SIGNATURE	27A. FUNERAL DIRECTOR'S SIGNATURE	27B. ADDRESS <b>Safford, Arizona</b>