Affidavit attached

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8082

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3549

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 16 yrs; IN ARIZONA 16 yrs
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): GOOD SAMARITAN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2801 WEST VAN BUREN
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) DWIGHT B. (MIDDLE) LEWIS C. (LAST) RICKS
4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: LYNNE RICKS
7. DATE OF BIRTH: MONTH 12 DAY 16 YEAR 04
8. AGE (IN YEARS LAST BIRTHDAY): 57 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / 24 HRS. MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): [illegible]
9B. KIND OF BUSINESS OR INDUSTRY: REYNOLDS METALS
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): LOUISANA
11. CITIZEN OF WHAT COUNTRY? USA
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. 522-09-0919
14A. FATHER'S NAME: JAMES RICKS
14B. BIRTHPLACE (STATE OR COUNTRY): LOUISANA
15A. MOTHER'S MAIDEN NAME: AUGIE LEWIS
15B. BIRTHPLACE (STATE OR COUNTRY): LOUISANA
16. INFORMANT'S SIGNATURE: LYNNE RICKS ADDRESS: 2801 WEST VAN BUREN PHOENIX, ARIZONA
17. DATE OF DEATH (MONTH) 9 (DAY) 29 (YEAR) 62

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) Cardiac rupture — INTERVAL BETWEEN ONSET AND DEATH: Instant.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary thrombosis — 9 days
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-20, 1962 TO 9-29, 1962, THAT I LAST SAW THE DECEASED ALIVE ON 9-29, 1962, AND THAT DEATH OCCURRED AT 1:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] (DEGREE OR TITLE) M.D.
22B. ADDRESS: 520 W. Thomas
22C. DATE SIGNED: 10-1-62

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 10-3-62
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZONA
26A. DATE REG. BY LOCAL REG.: 10/3/62
26B. REGISTRAR'S SIGNATURE: Marian Fernandez, Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: A. L. MOORE & SONS
27B. ADDRESS: PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: Diane L. Hollanger
28B. EMBALMER'S CERT. NO. 318

FORM VS-2 REV. 5-9-60 - 25M