

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

8924

CERTIFICATE OF DEATH

REGISTRAR'S NO.

500

PUNCHED
VERIFIED

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 5 yrs IN ARIZONA 5 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY MARICOPA			
	C. CITY OR TOWN TEMPE		<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 2101 SOUTH 48th STREET				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 3102 NORTH 46th PLACE		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) DONALD E. MAY			4. SEX MALE	5. COLOR OR RACE WHITE		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	
	6B. NAME OF SPOUSE DOROTHY ALICE MAY			7. DATE OF BIRTH MONTH 1 DAY 12 YEAR 31	8. AGE (IN YEARS LAST BIRTHDAY) 31	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) AIRPLANE PILOT
	9B. KIND OF BUSINESS OR INDUSTRY BONANZA A. L.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) INDIANA	11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO		13. SOCIAL SECURITY NO. 311-28-3747	
14A. FATHER'S NAME GENE MAY			14B. BIRTHPLACE (STATE OR COUNTRY) ALA.		15A. MOTHER'S MAIDEN NAME MARY LOUISE ARCHAMBEAULT		15B. BIRTHPLACE (STATE OR COUNTRY) IND.	
16. INFORMANT'S SIGNATURE DOROTHY ALICE MAY				ADDRESS 3102 NORTH 46th PLACE, PHOENIX, ARIZONA		17. DATE (MONTH) (DAY) (YEAR) 10 24 62		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) [Multiple Frigorie impact] 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.				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"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED. On 10/25/62 THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE Dennis Behman, M.D.		(DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER		22B. ADDRESS Phx - Ariz		22C. DATE SIGNED 10/25/62	
	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 Ralph W. Fowler Justice of the Peace, Tempe				24B. ADDRESS		24C. DATE SIGNED 10-26-62	
	25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 10-27-62		25C. NAME OF CEMETERY OR CREMATORY GREENWOOD CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 10-26-62		26B. REGISTRAR'S SIGNATURE Danice Yeager, Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE W. H. & Sons Mess		27B. ADDRESS PHOENIX, ARIZONA	
	28A. EMBALMER'S SIGNATURE James T. St. Henry				28B. EMBALMER'S CERT. NO. 310			