

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

10888

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4419

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE	
	A. COUNTY MARICOPA		IN THIS TOWN 32 yrs IN ARIZONA 32 yrs		A. STATE ARIZONA	
	C. CITY OR TOWN PHOENIX		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN PHOENIX	
	D. FULL NAME OF HOSPITAL OR INSTITUTION 31 EAST SOUTHERN AVE.				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 31 EAST SOUTHERN	
				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DECEDENT PERSONAL DATA	3. NAME OF DECEASED			4. SEX	5. COLOR OR RACE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
	A. (FIRST) ANNIE B. (MIDDLE) LEE C. (LAST) RAPER			F	WHITE	MARRIED
	6B. NAME OF SPOUSE W. M. RAPER		7. DATE OF BIRTH	8. AGE (IN YEARS LAST BIRTHDAY)	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)	
			MONTH 9 DAY 5 YEAR 95	67	HOUSEWIFE	
	9B. KIND OF BUSINESS OR INDUSTRY AT HOME		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) NO	13. SOCIAL SECURITY NO. NO
14A. FATHER'S NAME UNKNOWN GUINN		14B. BIRTHPLACE (STATE OR COUNTRY) UNKNOWN	15A. MOTHER'S MAIDEN NAME CORA UNKNOWN		15B. BIRTHPLACE (STATE OR COUNTRY) VIRGINIA	
16. INFORMANT'S SIGNATURE L. B. RAPER			17. DATE OF DEATH			
ADDRESS 11746 WALNUT RD. LAKESIDE CALIFORNIA			MONTH 12 DAY 8 YEAR 62			

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 194X		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) CARCINOMA OF THYROID		1 YR.
	THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION 2 OCT 62	19B. MAJOR FINDINGS OF OPERATION CARCINOMA OF THYROID	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION (ITEM 21)	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-13 1962 TO 12-8 1962 THAT I LAST SAW THE DECEASED ALIVE ON 12-8 1962 AND THAT DEATH OCCURRED AT 5:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE Max T. Taylor M.D.		22B. ADDRESS 2021 N. CENTRAL AVENUE		22C. DATE SIGNED 10 Dec 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?	

DRONER'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 12-10-62	25C. NAME OF CEMETERY OR CREMATORY GREENWOOD MEMORIAL PARK	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA
	26A. DATE REC. BY LOCAL REG. 12/10/62	26B. REGISTRAR'S SIGNATURE Richard Johnson	27A. FUNERAL DIRECTOR'S SIGNATURE James L. Sp. Henry	27B. ADDRESS PHOENIX, ARIZONA
			28A. EMBALMER'S SIGNATURE	28B. EMBALMER'S CERT. NO. 310