405

379

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. ____
Registrar's No. 34

1. Place of Death: (a) County Maricopa (b) City or Town Buckeye (If outside city limits also write RURAL) (c) Location ½ Mi. E of Buckey (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution Not in Hosp.; In Community All of life (Specify whether years, months or days); In Arizona All of life

2. Usual Residence of Deceased: (a) State Ariz.; (b) County Maricopa; (c) City or Town Buckeye (If outside city limits also write RURAL)

(d) Street No. General Del.; (e) Citizen of foreign country (Yes or No) No If Yes, which country ____

3. (a) FULL NAME Robert Lawrence Couch (b) If Veteran name war No (c) Social Security No. None

4. Sex M

5. Race White ☐ Indian ☒ Negro ☐ Oriental ☐

6. (a) Single, married, widowed or divorced Single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife, if alive ____ yrs.

7. Birthdate of deceased Nov. 11 (Month) 1929 (Day) (Year)

8. AGE: Years 16 Months 1 Days 13 If less than one day hrs. ____ min. ____

9. Birthplace Buckeye, Arizona (City, town or county) (State or Country)

10. Usual Occupation Schoolboy

11. Industry or Business ____

Father
12. Name Robert Reece Couch
13. Birthplace Buckeye, Arizona (City, town or county) (State or Country)

Mother
14. Maiden Name Gladys Hooten
15. Birthplace Unknown (City, town or county) (State or Country)

16. (a) Informant's own signature H. F. Couch
(b) Address Route 1 Buckeye, Ariz.

17. (a) Burial, Cremation or Removal Burial
(b) Place Buckeye (c) Date 12/29 19 45

18. (a) Embalmer's Signature David M. Lindley
(b) Funeral Director Buckeye Funeral Home
(c) Address Buckeye, Ariz.

19. (a) 12-27-45 (Date received Local Registrar)
(b) Beulah Navamore (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Dec. 24, 19 45;
TIME (Hour and minute) about six P. M.

21. I hereby certify that I attended the deceased from ____, 19____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received in collision between motor scooter and car

Due to ____

Due to ____

Other conditions (Include pregnancy within three months of death) ____

Major findings:
Of operations none

Of autopsy no autopsy

DURATION

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) Accident
(b) Date of occurrence Dec. 24, 1945
(c) Where did injury occur? Buckeye (City or Town) Mar. (County) Ariz. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway (Specify type of place)
While at work? no (e) Means of injury Auto accidnt

23. Signature John Stanley Jr. M.D.
Address Buckeye, Ariz. Date signed 12/27/45

40M—100% Rag—6-10-44