

400910

STANDARD CERTIFICATE OF DEATH
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE OF VITAL STATISTICS

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

5863

State File No. _____
Registrar's No. 58

1. Place of Death: (a) County Tulsa (b) City or Town Miami (c) Location Miami Hosp
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 3 days; In Community 3 days; In Arizona 3 days
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila (c) City or Town Rural
(If outside city limits also write RURAL)
(d) Street No. Lower Miami (e) Citizen of foreign country (Yes or No) No
If Yes, which country _____ (c) Social Security No. none

3. (a) FULL NAME Larry Gene Risley (b) If veteran name war _____ (c) Social Security No. none

4. Sex Male 5. Race White Indian Negro Oriental 6. (a) Single, married, widowed or divorced Infant

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife, if alive. _____ yrs.

7. Birthdate of deceased October 26, 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
hrs _____ min _____

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

10. Usual Occupation _____

11. Industry or Business _____

Father { 12. Name Harry Arthur Risley
13. Birthplace Washburn Wisconsin
(City, town or county) (State or Country)

Mother { 14. Maiden Name Louise Garrison
15. Birthplace Tulsa Oklahoma
(City, town or county) (State or Country)

16. (a) Informant's own signature Larry Risley
(b) Address Miami Ariz

17. (a) Burial, Cremation or Removal Burial
(b) Place Miami Ariz (c) Date Nov 1, 1948

18. (a) Embalmer's Signature _____
(b) Funeral Director _____
(c) Address _____

19. (a) _____ (Date received Local Registrar)
(b) Leson W. Grayson (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) October 29, 1948
TIME (Hour and minute) 9:00 P.M.

21. I hereby certify that I attended the deceased from Oct 26, 1948 to Oct 29, 1948,
that I last saw him alive on Oct 29, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

DURATION
3 days

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [Signature] M. D.
Address Miami Ariz Date signed 11-3-48