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Lambrecht

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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 46

BIRTH NO. 16780		1. PLACE OF DEATH A. COUNTY <i>Gila</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <i>Oklahoma</i> B. COUNTY <i>Kingfisher</i>	
PLACE OF DEATH		B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Miami</i>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) <i>Hennessey</i>	
PLACE OF DEATH		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 yrs 2 yrs</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)	
PLACE OF DEATH		D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>1024 Cedar St.</i>		D. STREET ADDRESS	
1. NAME OF DECEASED (TYPE OR PRINT) <i>Richard S. D. Roberts</i>		2. SEX <i>Male</i>		3. COLOR OR RACE <i>White</i>	
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Aug</i> DAY <i>10</i> YEAR <i>1879</i>		8. AGE YEARS <i>60</i> MONTHS <i>0</i> DAYS <i>29</i>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <i>Merchant</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>Merchandise</i>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Ill.</i>	
11. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>440-30-0087</i>	
14. FATHER'S NAME <i>R. S. D. Roberts</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Ill.</i>		15A. MOTHER'S MAIDEN NAME <i>Frankie White</i>	
15B. BIRTHPLACE (STATE OR COUNTRY) <i>unknown</i>		16. INFORMANT'S SIGNATURE <i>Ada Roberts Hennessey</i>		17. DATE OF DEATH (MONTH) <i>Sept.</i> (DAY) <i>9</i> (YEAR) <i>1949</i>	
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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2) STATING THE UNDERLYING CAUSE LAST. 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 <i>36 hours</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>9-8</i> , 19 <i>49</i> TO <i>9-9</i> , 19 <i>49</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>9-9</i> , 19 <i>49</i> AND THAT DEATH OCCURRED AT <i>3:00</i> AM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <i>Best E. Lambrecht MD</i>		23B. ADDRESS <i>Miami Ariz</i>		23C. DATE SIGNED <i>9-9-49</i>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>Sept 9, 1949</i>		24C. NAME OF CEMETERY OR CREMATORY <i>King Cemetery</i>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Miami Ariz</i>		25A. DATE REC'D BY LOCAL REG. <i>Sept 15 1949</i>		25B. REGISTRAR'S SIGNATURE <i>Keenan D. Bay</i>	
25C. FUNERAL DIRECTOR'S SIGNATURE <i>Paula S. Mulee</i>		25D. ADDRESS		26. FUNERAL DIRECTOR'S SIGNATURE	