

## CERTIFICATE OF DEATH

REGISTRAR'S NO. 96

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA		B. LENGTH OF STAY IN THIS TOWN 47 yrs IN ARIZONA 47 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA B. COUNTY MARICOPA					
	C. CITY OR TOWN PHOENIX		<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 3629 NORTH 37th ST. APT. 4				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 3629 NORTH 37th ST.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) TRUMAN			A. (FIRST)	B. (MIDDLE) A.	C. (LAST) MILLER	4. SEX M	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED	
	6B. NAME OF SPOUSE -----		7. DATE OF BIRTH MONTH DAY YEAR 9 21 15	8. AGE (IN YEARS LAST BIRTHDAY) 47	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOUR MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) TROUBLE SHOOTER			
	9B. KIND OF BUSINESS OR INDUSTRY ARIZ. PUBLIC SER.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ARIZONA	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) YES	IF YES, WAR OR DATES OF SERVICE WW II	13. SOCIAL SECURITY NO. 526-03-4098				
	14A. FATHER'S NAME J. ARTHUR MILLER		14B. BIRTHPLACE (STATE OR COUNTRY) TEXAS	15A. MOTHER'S MAIDEN NAME GLESSIE A. VARNEY		15B. BIRTHPLACE (STATE OR COUNTRY) MISSOURI				
16. INFORMANT'S SIGNATURE J. ARTHUR MILLER 6748 NORTH 15th ST. PHOENIX, ARIZONA				17. DATE (MONTH) (DAY) (YEAR) 1 5 63						
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. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Metastatic Carcinoma ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Carcinoma colon DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 63			
	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 12/29/59, 1959, TO 1/3/63, 1963, THAT I LAST SAW THE DECEASED ALIVE ON 1/3/63, 1963, AND THAT DEATH OCCURRED AT 3:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE (DEGREE OR TITLE) C.R. Hoover MD		22B. ADDRESS 4453 N. 36th St.		22C. DATE SIGNED 1/7/63					
	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			24B. ADDRESS			24C. DATE SIGNED			
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1-7-63	25C. NAME OF CEMETERY OR CREMATORY GREENWOOD MEMORIAL PARK		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA					
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 1/7/63	26B. REGISTRAR'S SIGNATURE Beverly Johnston		27A. FUNERAL DIRECTOR'S SIGNATURE M. L. MOORE & SONS		27B. ADDRESS PHOENIX, ARIZONA				
	28A. EMBALMER'S SIGNATURE James L. Johnson		28B. EMBALMER'S CERT. NO. 310							