

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1785

SEARCHED  
INDEXED  
SERIALIZED  
FILED

BIRTH NO.		1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>		B. LENGTH OF STAY IN THIS TOWN <b>34 YRS</b>		IN ARIZONA <b>34 YRS</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <b>PHOENIX</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <b>ARIZONA</b>		C. CITY OR TOWN <b>PHOENIX</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>339 W. GLENROSA</b>				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (TYPE OR PRINT) <b>THOMAS MASON PEMBERTON</b>			4. SEX <b>MALE</b>	5. COLOR OR RACE <b>WHITE</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>WIDOWED</b>	
6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH <b>5</b> DAY <b>3</b> YEAR <b>1870</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>92</b>	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>RETIRED</b>

9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>LA MONTE, MISSOURI</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>no</b>	13. SOCIAL SECURITY NO. <b>526-24-3821</b>
14A. FATHER'S NAME <b>GEORGE M. PEMBERTON</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>VIRGINIA</b>	15A. MOTHER'S MAIDEN NAME <b>SARAH PEMBERTON</b>	15B. BIRTHPLACE (STATE OR COUNTRY) <b>UNKNOWN</b>	

16. INFORMANT'S SIGNATURE <b>MRS. CECELIA P. MARKS (DAU)</b>	ADDRESS <b>339 W. GLENROSA</b>	17. DATE OF DEATH (MONTH) <b>APRIL</b> (DAY) <b>19</b> (YEAR) <b>1963</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.	(A) <b>Acute heart failure</b>  DUE TO (B) <b>Chronic Valvular Heart disease</b>  DUE TO (C)	<b>5 minutes</b>  <b>not known</b>
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	<b>Acute upper respiratory disease</b>		<b>1 week</b>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April 12, 1963 TO April 19, 1963, THAT I LAST SAW THE DECEASED ALIVE ON April 19, 1963, AND THAT DEATH OCCURRED AT 8:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE <b>Robert A McCulley MD</b>	(DEGREE OR TITLE)	22B. ADDRESS <b>1130 East McDowell Rd</b>	22C. DATE SIGNED <b>4-20-63</b>
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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)
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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?
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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <b>4-22-63</b>	25C. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD MEMORIAL PARK</b>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>PHOENIX, ARIZONA</b>
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26A. DATE REC. BY LOCAL REG. <b>4/20/63</b>	26B. REGISTRAR'S SIGNATURE <b>Beneah Johnston</b>	27A. FUNERAL DIRECTOR'S SIGNATURE <b>W. MOORE &amp; SONS</b>	27B. ADDRESS <b>PHOENIX, ARIZONA</b>
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28A. EMBALMER'S SIGNATURE <b>Richard L. Riley</b>	28B. EMBALMER'S CERT. NO. <b>396R</b>
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