

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2351

VERIFIED	BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO.		
	A. COUNTY Maricopa		A. COUNTY Maricopa		IN THIS TOWN 3 1/2 yrs IN ARIZONA 24 yrs		A. STATE Arizona		(WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) B. COUNTY Cochise		
CE OF DEATH AND USUAL RESIDENCE	C. CITY OR TOWN Phoenix		C. CITY OR TOWN Phoenix		IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input type="checkbox"/>		C. CITY OR TOWN Portal		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Camelback Hospital					D. STREET (IF RURAL, GIVE LOCATION) ADDRESS Greenamyer Ranch					E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ARTHUR B. (MIDDLE) GARFIELD C. (LAST) GREENAMYER			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed					
	6B. NAME OF SPOUSE ---		7. DATE OF BIRTH MONTH DAY YEAR April 13 1880		8. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. DAYS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Executive			
	9B. KIND OF BUSINESS OR INDUSTRY Steel		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. unk.		
	14A. FATHER'S NAME Joshua Greenamyer			14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Alice Thoman			15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		
16. INFORMANT'S SIGNATURE Robert L. Greenamyer					ADDRESS Pima, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 3 1963				
334X 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.		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.		MEDICAL CERTIFICATION (A) Arteriosclerotic brain disease (B) General Arteriosclerosis (C)					INTERVAL BETWEEN ONSET AND DEATH 7-8 yrs 10-15 yrs	
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.								
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4/20, 1956, TO 6/3, 1963, THAT I LAST SAW THE DECEASED ALIVE ON 6/3, 1963, AND THAT DEATH OCCURRED AT 5:50 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
MEDICAL CERTIFICATION 6964 DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE [Signature]			22B. ADDRESS			22C. DATE SIGNED				
	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE		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 M		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 type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6/10/63		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. 6/4/63		26B. REGISTRAR'S SIGNATURE [Signature]			27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]			27B. ADDRESS		
	28A. EMBALMER'S SIGNATURE [Signature]					28B. EMBALMER'S CERT. NO. 150					