

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2620

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY MARICOPA	B. LENGTH OF STAY IN THIS TOWN 20 YRS IN ARIZONA 20 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 MEMORIAL HOSPITAL	(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 8109 N. 29TH AVENUE E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LAWRENCE B. (MIDDLE) LE ROY C. (LAST) HAYDEN	4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED
	6B. NAME OF SPOUSE	7. DATE OF BIRTH MONTH DAY YEAR 3 14 1935	8. AGE (IN YEARS LAST BIRTHDAY) 28	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) TRUCK DRIVER
	9B. KIND OF BUSINESS OR INDUSTRY T*BIRD TRUCK LINES	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) CENTRALIA	11. CITIZEN OF WHAT COUNTRY? OKLA. USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO
14A. FATHER'S NAME JESS L. HAYDEN	14B. BIRTHPLACE (STATE OR COUNTRY) OKLAHOMA	15A. MOTHER'S MAIDEN NAME GEORGIA SEALS	15B. BIRTHPLACE (STATE OR COUNTRY) OKLAHOMA	
16. INFORMANT'S SIGNATURE GEORGIA HAYDEN * MOTHER	ADDRESS 1508 E. HILTON	17. DATE OF DEATH (MONTH) (DAY) (YEAR) JUNE 20, 1963		

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: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH
		(A) Multiple Gun Shot Wounds of Head and Chest		
		DUE TO (B) _____ DUE TO (C) _____		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, AND THAT DEATH OCCURRED AT _____, M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. ALIVE ON _____, 19____, AND THAT DEATH OCCURRED AT _____, M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED, TO _____, 1963, THAT I LAST SAW THE DECEASED
	22A. SIGNATURE <i>Thomas J. Quinn</i> (DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER	22B. ADDRESS Phoenix

DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Homicide	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) 1508 E. Hilton	23C. (CITY OR TOWN) (COUNTY) (STATE) Phoenix, Ariz
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 6:20 63 10 45a M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	23F. HOW DID INJURY OCCUR? Shot by wife in self defense
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE <i>Alfred Hood</i>	24B. ADDRESS Coroner West Phoenix port	24C. DATE SIGNED 6-25-63

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 6-26-63	25C. NAME OF CEMETERY OR CREMATORY GREENWOOD MEMORIAL PARK	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA
	26A. DATE REC. BY LOCAL REG. 6/23/63	26B. REGISTRAR'S SIGNATURE <i>Richard Johnson</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>Alfred Hood</i>	27B. ADDRESS PHOENIX, ARIZONA
		28A. EMBALMER'S SIGNATURE <i>James L. Spillman</i>	28B. EMBALMER'S CERT. NO. 310	

