

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2784

PUNCHED
VERIFIED
PLACE OF DEATH
AND
USUAL RESIDENCE

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN 2 days IN ARIZONA Life	2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
		A. STATE Arizona	B. COUNTY Navajo
		C. CITY OR TOWN Phoenix	D. STREET (IF RURAL GIVE LOCATION) ADDRESS Good Samaritan Hospital
C. CITY OR TOWN Phoenix		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) Marcia	A. (FIRST) Jean	B. (MIDDLE) Penrod	C. (LAST)	4. SEX Fem	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never married
6B. NAME OF SPOUSE ---	7. DATE OF BIRTH MONTH DAY YEAR 11 12 1948	8. AGE (IN YEARS LAST BIRTHDAY) 14	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Student	
9B. KIND OF BUSINESS OR INDUSTRY Education	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) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. None		
14A. FATHER'S NAME Martin Penrod	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Francis Brown	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona			
16. INFORMANT'S SIGNATURE Martin Penrod Lakeside, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) July 7, 1963			

8234
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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) MULTIPLE INJURIES - IMPACT		
	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"/>
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MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM [] TO [] AND THAT DEATH OCCURRED AT [] ON JULY 7, 1963. THAT I LAST SAW THE DECEASED ALIVE ON [] 19 [] AND THAT DEATH OCCURRED AT [] OF THE DECEASED. 5:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE [Signature]	(DEGREE OR TITLE) ASSISTANT MARICOPA COUNTY MEDICAL EXAMINER	22B. ADDRESS Phoenix
22C. DATE SIGNED 7-7-63		

DEATH
DUE TO
EXTERNAL
VIOLENCE

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) Accident Hi-way	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Hi-way	23C. (CITY OR TOWN) (COUNTY) (STATE) Holbrook Navajoland
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY 7-5-1963 M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR? Car hit left shoulder

CORONER'S
CERTIFICATION

24A. CORONER'S SIGNATURE [Signature]	24B. ADDRESS 15 No. 2nd Ave	24C. DATE SIGNED 7-9-1963
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FUNERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 7-9-63	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Holbrook, Arizona
26A. DATE REC. BY LOCAL REG. 7/9/63	26B. REGISTRAR'S SIGNATURE [Signature]	27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]	27B. ADDRESS Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE [Signature]		28B. EMBALMER'S CERT. NO. 263	