

CERTIFICATE OF DEATH

REGISTRAR'S NO.

3994

UNCHECKED
VERIFIED

BIRTH NO.		1. PLACE OF DEATH		B. LENGTH OF STAY		2. USUAL RESIDENCE		REGISTRAR'S NO.	
		A. COUNTY		IN THIS TOWN		A. STATE		(WHERE DECEASED LIVED.)	
		MARICOPA		26yrs		ARIZONA		IF INSTITUTION: RESIDENCE BEFORE ADMISSION	
		C. CITY OR TOWN		<input checked="" type="checkbox"/> IN CITY LIMITS		C. CITY OR TOWN		B. COUNTY	
		PHOENIX		<input type="checkbox"/> OUTSIDE CITY LIMITS		PHOENIX		MARI COPA	
		D. FULL NAME OF HOSPITAL OR INSTITUTION				D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?			
		1645 E. MISSOURI				1645 E. MISSOURI YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST)			B. (MIDDLE)			C. (LAST)			4. SEX		5. COLOR OR RACE		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)			
CASSANDRA			BLAIR			COLLINS			FE		WHITE		SINGLE						
6B. NAME OF SPOUSE			7. DATE OF BIRTH			8. AGE (IN YEARS LAST BIRTHDAY)			IF UNDER 1 YEAR		IF UNDER 24 HRS.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)						
-----			9 MONTH 12 DAY 1881 YEAR			82			MONTHS		DAYS		TEACHER						
9B. KIND OF BUSINESS OR INDUSTRY			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY)			11. CITIZEN OF WHAT COUNTRY?			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)			13. SOCIAL SECURITY NO.							
SCHOOL			PENN.			USA			NO			NO 165-10-3025							
14A. FATHER'S NAME			14B. BIRTHPLACE (STATE OR COUNTRY)			15A. MOTHER'S MAIDEN NAME			15B. BIRTHPLACE (STATE OR COUNTRY)										
ROSS C COLLINS			PENN.			MARY E WEST			MARYLAND										
16. INFORMANT'S SIGNATURE						ADDRESS						17. DATE OF DEATH		(MONTH)		(DAY)		(YEAR)	
FRANK DILLEY						PHOENIX, ARIZONA						OCTOBER		12		1963			

18. CAUSE OF DEATH		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <i>Acute myocardial infarction</i>						3 weeks	
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) _____ DUE TO (C) _____							
PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.							

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 <i>Oct 8, 1963</i> TO <i>Oct 12, 1963</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Oct 8, 1963</i> AND THAT DEATH OCCURRED AT <i>2:00P.</i> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.														
22A. SIGNATURE <i>Robert Willacy</i>					22B. ADDRESS <i>550 W Thomas</i>					22C. DATE SIGNED <i>10-14-63</i>				

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?		

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 <i>10-15-63</i>		25C. NAME OF CEMETERY OR CREMATORY <i>MEMORY LAWN CEMETERY</i>			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>PHOENIX, ARIZONA</i>		
26A. DATE REC. BY LOCAL REG. <i>10/15/63</i>		26B. REGISTRAR'S SIGNATURE <i>Beulah J. Hudson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>A. THORPE & SONS</i>			27B. ADDRESS <i>PHOENIX, ARIZONA</i>		
				28A. EMBALMER'S SIGNATURE <i>Robert Willacy</i>			28B. EMBALMER'S CERT. NO. <i>282</i>		