

UNCHECKED
VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO. 4170

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 35 yrs IN ARIZONA 25 yrs		2. USUAL RESIDENCE 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 Maricopa County General Hospital				D. STREET (IF RURAL, GIVE LOCATION) 5124 N. 22nd Avenue		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) Anthony L. Weber			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
	6B. NAME OF SPOUSE Anna		7. DATE OF BIRTH MONTH DAY YEAR 10 28 1900	8. AGE (IN YEARS) LAST BIRTHDAY 62	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) Janitor
	9B. KIND OF BUSINESS OR INDUSTRY Janitorial	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	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. 523-18-5653	
	14A. FATHER'S NAME unknown		14B. BIRTHPLACE (STATE OR COUNTRY) unknown	15A. MOTHER'S MAIDEN NAME unknown		15B. BIRTHPLACE (STATE OR COUNTRY) unknown	

CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE Mrs. William Young		ADDRESS 1308 S. 3rd Ave., Phoenix		17. DATE OF DEATH MONTH (DAY) (YEAR) Oct. 24 1963		
	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) Arteriosclerotic heart disease with decompensation.				
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		Emphysema Chronic pyelonephritis				

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Oct. 14, 1963, TO Oct. 24, 1963, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 24, 1963, AND THAT DEATH OCCURRED AT 12:37 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE John A. Wall MD	22B. ADDRESS 3435 W. Durango Phoenix, Arizona	22C. DATE SIGNED 10-26-63

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
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 10-29-63	25C. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
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26A. DATE REC. BY LOCAL REG. 10/29/63	26B. REGISTRAR'S SIGNATURE Beulah Johnston	27A. FUNERAL DIRECTOR'S SIGNATURE Audrie D. Wakelin	27B. ADDRESS Grimshaw Mortuary
		27A. EMBALMER'S SIGNATURE Audrie D. Wakelin	27B. EMBALMER'S CERT. NO. 408A