

PURCHASED
VERIFIED

0180

262

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

PLACE OF DEATH
AND
RESIDENCE

1. PLACE OF DEATH A. COUNTY <u>MARICOPA</u>		B. LENGTH OF STAY IN THIS TOWN <u>3mos</u> IN ARIZONA <u>3mos</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
C. CITY OR TOWN <u>PHOENIX</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE <u>ARIZONA</u> B. COUNTY <u>MARICOPA</u>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <u>2245 W. WHITTON</u>		(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>2245 W. WHITTON</u>	
				E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PRECEDENT
PERSONAL
DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>ALVA</u> B. (MIDDLE) <u>N.</u> C. (LAST) <u>BOWERS SR.</u>			4. SEX <u>MALE</u>	5. COLOR OR RACE <u>WHITE</u>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>WIDOWED</u>
6B. NAME OF SPOUSE <u>-----</u>		7. DATE OF BIRTH MONTH <u>11</u> DAY <u>25</u> YEAR <u>1886</u>	B. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
9B. KIND OF BUSINESS OR INDUSTRY <u>AUTOS</u>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>OHIO</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	13. SOCIAL SECURITY NO. <u>370-102-0265</u>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>HUDSON MOTOR COMPANY</u>
14A. FATHER'S NAME <u>FREDRICK BOWERS</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>PENN.</u>	15A. MOTHER'S MAIDEN NAME <u>MATILDA JANE CRABTREE</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>OHIO</u>
16. INFORMANT'S SIGNATURE <u>JEDSON L. BOWERS NEW BALTIMORE MICHIGAN</u>			17. DATE OF DEATH (MONTH) <u>JANUARY</u> (DAY) <u>16</u> (YEAR) <u>1964</u>		

51
CAUSE
OF
DEATH
EM 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: (A) <u>Carcinoma of gallbladder</u> DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
		II. OTHER SIGNIFICANT 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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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139116
MEDICAL
CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>11-16</u> , 19 <u>57</u> TO <u>1-16</u> , 19 <u>64</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>1-15</u> , 19 <u>64</u> , AND THAT DEATH OCCURRED AT <u>1:00 P.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>Robert R. Price MD</u>	22B. ADDRESS <u>Phoenix, Ariz.</u>	22C. DATE SIGNED <u>1-27-64</u>

DEATH
DUE TO
EXTERNAL
VIOLENCE

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 _____ M	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

OWNER'S
CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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GENERAL
DIRECTOR
AND
REGISTRAR

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE <u>1-18-64</u>	25C. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD CEMETERY</u>	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>PHOENIX, ARIZONA</u>
26A. DATE REC. BY LOCAL REG. <u>1/17/64</u>	26B. REGISTRAR'S SIGNATURE <u>Helen E. Macneil topley</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>A.S. MOORE & SONS</u>	27B. ADDRESS <u>PHOENIX, ARIZONA</u>
28A. EMBALMER'S SIGNATURE <u>[Signature]</u>		28B. EMBALMER'S CERT. NO. <u>300</u>	