

0483

186

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.	1. PLACE OF DEATH A. COUNTY MARICOPA	B. LENGTH OF STAY IN THIS TOWN 5 yrs		IN ARIZONA 5 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE ARIZONA	B. COUNTY MARICOPA			
PLACE OF DEATH AND USUAL RESIDENCE	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 JOHN C. LINCOLN HOSPITAL			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 9610 N. 5th ST.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	3. NAME OF DECEASED (TYPE OR PRINT) CHARLES L MADISON	A. (FIRST)	B. (MIDDLE)	L	C. (LAST)	4. SEX MALE	5. COLOR OR RACE WHITE	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED		
PRECEDENT PERSONAL DATA	6B. NAME OF SPOUSE -----	7. DATE OF BIRTH MONTH 7	DAY 18	YEAR 1882	8. AGE (IN YEARS LAST BIRTHDAY) 81	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) REAL ESTATE	
	9B. KIND OF BUSINESS OR INDUSTRY -----	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ALABAMA	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) NO	IF YES, WAR OR DATES OF SERVICE	13. SOCIAL SECURITY NO. 558-26-4597				
	14A. FATHER'S NAME C. L. MADISON	14B. BIRTHPLACE (STATE OR COUNTRY) ALABAMA	15A. MOTHER'S MAIDEN NAME ?	15B. BIRTHPLACE (STATE OR COUNTRY) ENGLAND						
	16. INFORMANT'S SIGNATURE LESLIE L MADISON PHOENIX, ARIZONA			ADDRESS	17. DATE OF DEATH (MONTH) (DAY) (YEAR) JANUARY 13 1964					
4221 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: (A) <i>massive gastric hemorrhage unburned etiology</i> DUE TO (B) <i>arterio sclerotic C.V.D</i> DUE TO (C) <i>Senility</i> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1967 , 19__ TO 1-13 , 19 64 THAT I LAST SAW THE DECEASED ALIVE ON 1-13 , 19 64 , AND THAT DEATH OCCURRED AT 8:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	22A. SIGNATURE <i>M. M. Moore</i>	(DEGREE OR TITLE)	22B. ADDRESS 225 W. Hatcher Rd	22C. DATE SIGNED 1-13-64					
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	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?				
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED							
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 1-14-64	25C. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) PHOENIX, ARIZONA	26A. DATE REC. BY LOCAL REG. 1/13/64	26B. REGISTRAR'S SIGNATURE <i>Bolesha Johnston</i>	27A. FUNERAL DIRECTOR'S SIGNATURE <i>R. B. Moore & Sons Inc</i>	27B. ADDRESS PHOENIX, ARIZONA	28A. EMBALMER'S SIGNATURE <i>Richard L. Coley</i>	28B. EMBALMER'S CERT. NO. 3967