

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

2260

CERTIFICATE OF DEATH

REGISTRAR'S NO. 43

OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Cochise		B. LENGTH OF STAY <input checked="" type="checkbox"/> IN THIS TOWN 10 yrs. <input checked="" type="checkbox"/> IN ARIZONA 10 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Cochise		
	C. CITY OR TOWN Douglas		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Douglas <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Douglas Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 625 13th		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
IDENT SOCIAL ATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Gladys B. (MIDDLE) A C. (LAST) Lewis			4. SEX female	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widow	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 8 DAY 19 YEAR 98	8. AGE (IN YEARS LAST BIRTHDAY) 65	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) housewife
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? U. S.	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. 52746 9305
	14A. FATHER'S NAME Dr. Wm. R. Hisle		14B. BIRTHPLACE (STATE OR COUNTRY) Mo	15A. MOTHER'S MAIDEN NAME Laura Ballenger		15B. BIRTHPLACE (STATE OR COUNTRY) Ind.	
	16. INFORMANT'S SIGNATURE <i>Garnet Bates</i>			ADDRESS 625 13th Douglas, Ariz		17. DATE OF DEATH (MONTH) 3 (DAY) 21 (YEAR) 64	
CAUSE OF DEATH (M 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Chronic Myocard. Inf. with Decompensation - DUE TO (B) Secondary Arteriosclerosis DUE TO (C) 			INTERVAL BETWEEN ONSET AND DEATH two years	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT 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"/>
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan , 19 64 TO 2/20 , 19 64 , THAT I LAST SAW THE DECEASED ALIVE ON 2/20 , 19 64 , AND THAT DEATH OCCURRED AT 2:45 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE (DEGREE OR TITLE) N.V. Alessi, M.D.			22B. ADDRESS Douglas Ariz		22C. DATE SIGNED	
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE		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?		
OWNER'S CERTIFICATION	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 3-23-64	25C. NAME OF CEMETERY OR CREMATORY Calvary		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Douglas, Ariz.	
FUNERAL DIRECTOR AND STRAR	26A. DATE REC. BY LOCAL REG. 3-27-64	26B. REGISTRAR'S SIGNATURE <i>Margaret Maloney</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Jay</i>		27B. ADDRESS Douglas, Ariz.	
	28A. EMBALMER'S SIGNATURE <i>Walter Jay</i>			28B. EMBALMER'S CERT. NO. 331			