

CERTIFICATE OF DEATH

REGISTRAR'S NO. 20

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Graham			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE Arizona			B. COUNTY Graham				
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR RURAL) Safford			C. LENGTH OF STAY IN THIS PLACE IN ARIZONA -----			C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL) OR TOWN Thatcher,				
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION); INSTITUTION Morris Squibb Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Thatcher							
DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) No name			B. (MIDDLE) Phillips			C. (LAST) Phillips			4. SEX Female	5. COLOR OR RACE White
	6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR Mar 16 1950			8. AGE YEARS MONTHS DAYS		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). -----		9B. SOCIAL SECURITY NO. -----	
	9B. KIND OF BUSINESS OR INDUSTRY -----		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Safford, Graham		11. CITIZEN OF WHAT COUNTRY? Graham		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) -----		13. SOCIAL SECURITY NO. -----		
	14A. FATHER'S NAME Nelson J. Phillips			14B. BIRTHPLACE (STATE OR COUNTRY) Ariz Graham		15A. MOTHER'S MAIDEN NAME Mary Odella Dorsey			15B. BIRTHPLACE (STATE OR COUNTRY) Lone Oak Tex		
	16. INFORMANT'S SIGNATURE Nelson J. Phillips				ADDRESS Thatcher, Arizona		17. DATE OF DEATH MONTH DAY YEAR March 16, 1950				
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 CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Stillborn due to thrombosis of umbilical cord.</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DEATH DUE TO EXTERNAL VIOLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)			21C. (CITY OR TOWN) (COUNTY) (STATE)				
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Mar -16- 1950</u> TO <u>Mar-16- 1950</u> THAT I LAST SAW THE DECEASED <u>Dead</u> ON <u>Mar-16-</u> 19 <u>50</u> AND THAT DEATH OCCURRED AT <u>6:30 P</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	23A. SIGNATURE K. A. Kelly			(DEGREE OR TITLE) M.D.			23B. ADDRESS Safford, Arizona			23C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Mar-16-50		24C. NAME OF CEMETERY OR CREMATORY Thatcher Cemetery			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Thatcher			
	25A. DATE REC'D BY LOCAL REG. April 9, 1950		25B. REGISTRAR'S SIGNATURE Deputy C. H. King			26. FUNERAL DIRECTOR'S SIGNATURE Nelson J. Phillips			ADDRESS Thatcher, Arizona		
					27. EMBALMER'S SIGNATURE						