

Dr. Hartman

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

222

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

13

BIRTH NO.

222

DEATH

DENCE

177

4

150

201

0

0

15.2

X

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1

2'S

ON

33

2

1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Mesa		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Mesa	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION Mesa Osteopathic Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 126 So. Morris	

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) Alma C. (LAST) Riggs			4. SEX male	5. COLOR OR RACE white
6. MARRIED - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH DAY YEAR 4 27 72		8. AGE YEARS MONTHS DAYS 77 8 17
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Manager & Owner		9B. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Manager & Owner		
9B. KIND OF BUSINESS OR INDUSTRY Transfer		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		11. CITIZEN OF WHAT COUNTRY? U. S. A.
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. None		
14A. FATHER'S NAME William Thomas Riggs		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois		15A. MOTHER'S MAIDEN NAME Clarsia Millet
15B. BIRTHPLACE (STATE OR COUNTRY) Utah		16. INFORMANT'S SIGNATURE John L. Riggs		
17. DATE OF DEATH (MONTH) (DAY) (YEAR) Jan. 14, 1950		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 CONTRACTIONS.		

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 CONTRACTIONS.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS, DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) Arterio Sclerosis ING THE UNDERLYING CAUSE LAST 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 27 days
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-18 49 to 1-14 50. THAT I LAST SAW THE DECEASED ALIVE ON 1-14 19 50 AND THAT DEATH OCCURRED AT 9:20 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE (DEGREE OR TITLE) Dr. J. Hartman		23B. ADDRESS Mesa Arizona		23C. DATE SIGNED 1-14-50	

24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 1-17-50		24C. NAME OF CEMETERY OR CREMATORY City Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
25A. DATE REC'D BY LOCAL REG. 1-20-50		25B. REGISTRAR'S SIGNATURE Jan Hartman		26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary		ADDRESS Mesa, Ariz.	
				27. EMBALMER'S SIGNATURE R. M. Daybell		CERT. NO. 228-A	