

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1420

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY <i>Maricopa</i>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <i>California</i> B. COUNTY <i>Los Angeles</i>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <i>Wickenburg Rural</i>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <i>Tourist</i>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>5 mi East Wickenburg Highway 60-70</i>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>705 San Lorenzo</i>	
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Jan</i> B. (MIDDLE) <i>Bantel</i> C. (LAST) <i>Blair</i>			4. SEX <i>Female</i>
5. COLOR OR RACE <i>white</i>			
6. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <i>Dec</i> DAY <i>4</i> YEAR <i>1907</i>	
8. AGE YEARS <i>42</i> MONTHS <i>3</i> DAYS <i>6</i>		9. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <i>Housewife</i>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>New York</i>		11. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO. <i>none</i>	
14A. FATHER'S NAME <i>Charles Bantel</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>New York</i>	
15A. MOTHER'S MAIDEN NAME <i>Florence O'Hare</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>New York</i>	
16. INFORMANT'S SIGNATURE <i>H.W. Blair</i> ADDRESS <i>705 San Lorenzo, California</i>		17. DATE OF DEATH (MONTH) <i>March</i> (DAY) <i>10</i> (YEAR) <i>1950</i>	
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, ASTHMA, 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) <i>Motor vehicle accident</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) _____ DUE TO (b) _____ DUE TO (c) <i>crush skull</i> II. OTHER SIGNIFICANT CONDITIONS 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"/>			
21A. ACCIDENT (SPECIFY) <i>accident</i>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <i>Highway 60-70 about 5 mi East Wickenburg, Arizona</i>	
21C. (CITY OR TOWN) (COUNTY) (STATE) <i>Wickenburg, Maricopa, Arizona</i>			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <i>3-10-50, about 9:00A M</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21F. HOW DID INJURY OCCUR? <i>Automobile accident</i>	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>about 9:00A</i> , 19 <i>50</i> TO <i>1950</i> , THAT I LAST SAW THE DECEASED ALIVE ON <i>3-10-50</i> , AND THAT DEATH OCCURRED AT <i>9:00A M</i> , FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) <i>R. L. Westall, Coroner</i>		23B. ADDRESS <i>Wickenburg</i>	
23C. DATE SIGNED <i>3/14/50</i>			
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <i>3-15-50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <i>Phoenix, Arizona</i>	
25A. DATE REC'D BY LOCAL REG. <i>3-14-50</i>		25B. REGISTRAR'S SIGNATURE <i>Maam Coffinger</i>	
25C. FUNERAL DIRECTOR'S SIGNATURE <i>H.L. Coffinger</i>		25D. ADDRESS <i>Wickenburg, Arizona</i>	