

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 22

08 08  
23 23  
AND  
0202  
L RESIDENCE  
4

EDICENT  
PERSONAL  
DATA 158  
7  
350

CAUSE  
OF  
DEATH  
(EM 18)

RELATIONS,  
AUTOPSY

DEATH  
CERTIFICATE  
DECLARATION

GENERAL  
DIRECTOR  
AND  
REGISTRAR

1. PLACE OF DEATH A. COUNTY <b>Mohave</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Mohave</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Kingman</b>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>10yrs 10yrs</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) <b>Mohave General</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>Clark Ave</b>	
3. NAME OF DECEASED (TYPE OR PRINT) <b>Henry Lawrence Venable</b>			4. SEX <b>M</b>
5. COLOR OR RACE <b>W</b>			
6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR <b>12 17 1892</b>	B. AGE YEARS MONTHS DAYS <b>54 3 0</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Meat Cutter</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>retail store</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Utah</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>
13. SOCIAL SECURITY NO. <b>530-09-9501</b>	14A. FATHER'S NAME <b>Richard T. Venable</b>	14B. BIRTHPLACE (STATE OR COUNTRY) <b>unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Elizabeth B. Bennett</b>
15B. BIRTHPLACE (STATE OR COUNTRY) <b>Iowa</b>	16. INFORMANT'S SIGNATURE <b>Frank Venable Kingman</b>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>March 17, 1950</b>
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) <b>Coronary ventricular heart block</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Coronary Artery Sclerosis</b> DUE TO (C): 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 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	21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>April 19 49</b> TO <b>March 17 19 50</b> . THAT I LAST SAW THE DECEASED ALIVE ON <b>March 17 19 50</b> AND THAT DEATH OCCURRED AT <b>9:45 P.M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <b>Arthur C. ...</b>		23B. ADDRESS <b>Kingman</b>	
23C. DATE SIGNED <b>3-20-50</b>			
24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	24B. DATE <b>3/20/50</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mountain View</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Kingman, Arizona</b>
25A. DATE REC'D BY LOCAL REG. <b>3-20-50</b>	25B. REGISTRAR'S SIGNATURE <b>Hazel M. Miller</b>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Van Meter Mortuary Kingman 64A</b>	
		27. EMBALMER'S SIGNATURE <b>Ray ...</b>	CERT. NO. <b>139</b>