

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

22

N ✓  
07 07  
05  
AND  
L RESIDENCE  
5

EDUCATION  
PERSONAL  
DATA 163  
7  
450

CAUSE  
OF  
DEATH  
FEM 18)

OPERATIONS  
AUTOPSY 9

DEATH  
DUE TO  
INTERNAL  
EVIDENCE

MEDICAL  
CORONER'S  
CERTIFICATION

GENERAL  
REGISTRAR  
AND  
SISTRAR 2

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) <b>Buckeye</b>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>30 yrs. 31 rs.</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET-- HOSPITAL OR ADDRESS OR LOCATION) <b>313 Jackson St.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>313 Jackson St.</b>	

3. NAME OF DECEASED A. (FIRST) <b>Allen</b> B. (MIDDLE) <b>Makin</b> C. (LAST) <b>Makin</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6. MARRIED - <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>April</b> DAY <b>28</b> YEAR <b>1887</b>	8. AGE YEARS <b>63</b> MONTHS <b>0</b> DAYS <b>0</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Peace Officer</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Law Enforcement</b>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Arkansas</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</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>527-12-6745</b>
14A. FATHER'S NAME <b>Elsie O. Makin</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Unknown</b>	15A. MOTHER'S MAIDEN NAME <b>Margaret Finley</b>	
16. INFORMANT'S SIGNATURE <b>Mark E. Makin</b>		17. DATE OF DEATH (MONTH) <b>April</b> (DAY) <b>28</b> (YEAR) <b>1950</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Ark.</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, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		
	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.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **4/28 50** TO **4/28 50** THAT I LAST SAW THE DECEASED ALIVE ON **4/28 50** AND THAT DEATH OCCURRED AT **12.10 P.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE) <b>D. P. Hughes M.D.</b>	23B. ADDRESS <b>Buckeye, Ariz.</b>	23C. DATE SIGNED <b>5-7-50</b>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>5/2/50</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Louis B. Hazelton</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Buckeye, Ariz.</b>
25A. DATE REC'D BY LOCAL REG. <b>May 5 - 1950</b>	25B. REGISTRAR'S SIGNATURE <b>Anna Bowen</b>	25C. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. Luedke</b> ADDRESS <b>Buckeye, A.</b> CERT. NO. <b>264 A.</b>	
		25D. EMBALMER'S SIGNATURE <b>Paul M. Luedke</b>	