

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3975

CERTIFICATE OF DEATH

REGISTRAR'S NO. 60.

04 04 DATE OF DEATH AND RESIDENCE 5	1. PLACE OF DEATH A. COUNTY Gila		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Gila	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN Globe)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 44yrs 44yrs	
IDENT PERSONAL DATA 1/68 9 850	3. NAME OF DECEASED (TYPE OR PRINT, Mrs. Regina Karakey Rais		4. SEX fe	5. COLOR OR RACE white
	6. MARRIED - - - - - <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR May 3 1882	8. AGE YEARS MONTHS DAYS 68 3 21
CAUSE OF DEATH EM 181	9B. KIND OF BUSINESS OR INDUSTRY housewife		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Lebanon	11. CITIZEN OF WHAT COUNTRY? U. S. A.
	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, GIVE OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none	
CAUTIONS, AUTOPSY	14A. FATHER'S NAME Joseph Soliman Karakey		14B. BIRTHPLACE (STATE OR COUNTRY) Lebanon	15A. MOTHER'S MAIDEN NAME Yes Mean Nabhan
	14C. BIRTHPLACE (STATE OR COUNTRY) Lebanon		15B. BIRTHPLACE (STATE OR COUNTRY) Zohel	
CAUSE OF DEATH EM 181	16. INFORMANT'S SIGNATURE Julia Rais (daughter)		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 24, 1950 3:45 pm	
	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.		19. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral embolus INTERVAL BETWEEN ONSET AND DEATH 8 hrs (b) Chronic Myocarditis years (c) Rheumatic Heart Disease years II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Hypostatic Bronchopneumonia	
CAUSE OF DEATH EM 181	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CAUSE OF DEATH EM 181	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)			
MEDICAL CORONER'S CERTIFICATION	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?			
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 10 19 49 TO Aug 24 19 50 THAT I LAST SAW THE DECEASED ALIVE ON Aug 24 19 50 AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE William E. Bishop MD		23B. ADDRESS Box 150 Globe Arizona	
MEDICAL CORONER'S CERTIFICATION	23C. DATE SIGNED Aug 25 1950			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE August 28, 1950	
MEDICAL CORONER'S CERTIFICATION	24C. NAME OF CEMETERY OR CREMATORY Globe Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Globe, Arizona.	
	25A. DATE REC'D BY LOCAL REG. 8-26-50		25B. REGISTRAR'S SIGNATURE Drene Wawlee	
MEDICAL CORONER'S CERTIFICATION	26. FUNERAL DIRECTOR'S SIGNATURE Frank P. Leahy		26. ADDRESS Globe, Ariz	
	27. EMBALMER'S SIGNATURE Frank P. Leahy		27. CERT. NO. 248-A.	