

CERTIFICATE OF DEATH

14 64 E OF DEATH AND L RESIDENCE 5	BIRTH NO.		1. PLACE OF DEATH A. COUNTY Yavapai		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION.) A. STATE Arizona B. COUNTY Yave.			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) TOWN Clemenceau		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 45 yr 65 yr		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) TOWN Clemenceau Arizona			
	D. FULL NAME OF HOSPITAL OR INSTITUTION 2nd house behind Post Office		E. FULL NAME OF HOSPITAL OR INSTITUTION 2nd House behind Post Office		D. STREET ADDRESS Clemenceau			
CEDENT PERSONAL DATA 174 4 AD	3. NAME OF DECEASED A. (FIRST) American B. (MIDDLE) Isabell C. (LAST) McMurren			4. SEX female		5. COLOR OR RACE white		
	6. MARRIED (TYPE OR PRINT, NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>)		7. DATE OF BIRTH MONTH 1 DAY 29 YEAR 1876		8. AGE YEARS 74 MONTHS 10 DAYS 22		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Housewife	
	9B. KIND OF BUSINESS OR INDUSTRY Home kept house at		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		11. CITIZEN OF WHAT COUNTRY? USA		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.		14A. FATHER'S NAME Thomas Teague		14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Phalby Pierce		
16. INFORMANT'S SIGNATURE <i>John McMurren</i>		ADDRESS Clemenceau, Ariz.		17. DATE OF DEATH (MONTH) 10 (DAY) 21 (YEAR) 1950				
CAUSE OF DEATH TEM 18) 0	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 CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH (a) Hypertensive Heart Disease ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DU TO (b) Generalized Artersclerosis DU TO (c) Arteriosclerosis, Senility				INTERVAL BETWEEN ONSET AND DEATH Several Yrs Several Yrs yrs.	
	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?				
MEDICAL CORNER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM September 50 to Oct. 21 19 50. THAT I LAST SAW THE DECEASED ALIVE ON Oct 20 19 50 AND THAT DEATH OCCURRED AT 6AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE <i>William W. Fisher MD</i>			23B. ADDRESS Jerome, Arizona		23C. DATE SIGNED 10-24-50		
FUNERAL DIRECTOR AND REGISTRAR	24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 10-24-50		24C. NAME OF CEMETERY OR CREMATORY Cottonwood, Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Cottonwood, Ariz.	
	25A. DATE REC'D BY LOCAL REG. Nov 9, 1950		25B. REGISTRAR'S SIGNATURE <i>Thelma Fisher</i>			26. FUNERAL DIRECTOR'S SIGNATURE <i>Harold L. Westcott</i>		ADDRESS Cottonwood
					27. EMBALMER'S SIGNATURE <i>Harold L. Westcott</i>		CERT. NO. 178	