

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2133

DEATH RESIDENCE	1. PLACE OF DEATH		2. USUAL RESIDENCE	
	A. COUNTY Maricopa		A. STATE Arizona	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Scottsdale (4 hrs)		B. COUNTY Maricopa	
	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 25 yrs.   25 yrs.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Phoenix rural	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION) Arcadia District			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4032 W. Coronado	

IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT)			4. SEX	5. COLOR OR RACE
	A. (FIRST) LaSelle			male	white
	B. (MIDDLE) Monford				
	C. (LAST) Bates				
6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH	8. AGE	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).	
		MONTH DAY YEAR Feb. 9 1893	YEARS MONTHS DAYS 57 9 4	Salesman	
9B. KIND OF BUSINESS OR INDUSTRY Insurance		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tuba City, Ariz.	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. 527-24-3002
14A. FATHER'S NAME Arville Ephraim Bates		14B. BIRTHPLACE (STATE OR COUNTRY) Illinois	15A. MOTHER'S MAIDEN NAME Sarah Ellen Wakefield		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa
16. INFORMANT'S SIGNATURE Ivan L. Bates			ADDRESS 4032 W. Coronado Phoenix, Arizona	17. DATE OF DEATH	(MONTH) (DAY) (YEAR) November 13 1950

CAUSE OF DEATH	18. CAUSE OF DEATH		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND 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.		I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Coronary Sclerosis</u>		3 yrs
			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) STATING THE UNDERLYING CAUSE LAST. DUE TO (C) <u>Sudden Coronary attack of death</u>		
			II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATION	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
INJURY	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)	
INJURY	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?	

CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>10-13-50</u> TO <u>11-13-50</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>10-24-50</u> AND THAT DEATH OCCURRED AT <u>1:30 P.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
	23A. SIGNATURE <u>Robert Mortensen MD</u>	23B. ADDRESS 3301 W. Van Buren, Phoenix	23C. DATE SIGNED 11-14-1950

BURIAL	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <u>Nov 18 1950</u>	24C. NAME OF CEMETERY OR CREMATORY Memory Lawn	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix
	25A. DATE REC'D BY LOCAL REG. <u>11/14/50</u>	25B. REGISTRAR'S SIGNATURE <u>Beulah J. Huston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.M. Mortensen</u>	ADDRESS 1020 W. Washington Phoenix CERT. NO. 261A