

Dr. Frazier

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6268 ✓

CERTIFICATE OF DEATH

REGISTRAR'S NO.

229

BIRTH NO.

DEATH EVIDENCE	1. PLACE OF DEATH				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).				
	A. COUNTY Maricopa				A. STATE Arizona B. COUNTY Mari.				
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) 40 yr. 40 yr.		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Mesa		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 1102 West 4th. St.		
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Brown's Rest Home									
3. NAME OF DECEASED (TYPE OR PRINT)			A. (FIRST) Ammon Franklin		B. (MIDDLE) Staples		C. (LAST) Staples	4. SEX Male	5. COLOR OR RACE White
6. MARRIED NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH 7 DAY 25 YEAR 74	8. AGE YEARS 76 MONTHS 4 DAYS 16	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Rancher					
9B. KIND OF BUSINESS OR INDUSTRY ranch		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah		11. CITIZEN OF WHAT COUNTRY? U. S. A.		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. None	
14A. FATHER'S NAME George Staples			14B. BIRTHPLACE (STATE OR COUNTRY) England		15A. MOTHER'S MAIDEN NAME Lauretta Rappelie			15B. BIRTHPLACE (STATE OR COUNTRY) Missouri	
16. INFORMANT'S SIGNATURE Mrs. Carol Wood (Dau.)				ADDRESS Mesa, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 11, 1950			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i> 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.						INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE			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 <i>June 29, 1949</i> TO <i>Dec 11, 1950</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>Dec 9, 1950</i> . AND THAT DEATH OCCURRED AT <i>10 P.M.</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
23A. SIGNATURE <i>W. Frazier M.D.</i>				(DEGREE OR TITLE)		23B. ADDRESS Mesa, Arizona		23C. DATE SIGNED 12-13-50	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 12-13-50		24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Ariz.		
25A. DATE REC'D BY LOCAL REG. 12-13-50		25B. REGISTRAR'S SIGNATURE <i>John Muldrum</i>			26. FUNERAL DIRECTOR'S SIGNATURE Meldrum Mortuary		ADDRESS Mesa, Ariz. CERT. NO 228A		
					27. EMBALMER'S SIGNATURE <i>R. N. Daybell</i>				