

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

269

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 9

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona Maricopa COUNTY	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Tempe	C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) Life	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Globe, Rural	
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 114 W. 8th St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) South Globe	

IDENTIFICATION TAL 170 0 151	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) DAVID B. (MIDDLE) C. (LAST) PENROD			4. SEX Male	5. COLOR OR RACE Cau
	6. MARRIED (NEVER MARRIED) WIDOWED (DIVORCED)	7. DATE OF BIRTH MONTH DAY YEAR Apr. 21, 1880	B. AGE YEARS MONTHS DAYS 70 8 19	IF UNDER 24 HOURS HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Patrolman
	9B. KIND OF BUSINESS OR INDUSTRY Police	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? U S	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. Ink
14A. FATHER'S NAME David Penrod		14B. BIRTHPLACE (STATE OR COUNTRY) Utah	15A. MOTHER'S MAIDEN NAME Cynthia Smith		15B. BIRTHPLACE (STATE OR COUNTRY) Utah
16. INFORMANT'S SIGNATURE George E. Wallace, Globe, Ariz.			17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 10, 1951		

163X USE F 0 TH 0 (18)	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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma - lung.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yr.</i>
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		

OPERATIONS PSY 9 TH X TO X INAL - NCE -	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?		

CERTIFICATION OWNER'S SIGNATURE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>Jan. 6, 1951</i> TO <i>Jan. 10, 1951</i> THAT I LAST SAW THE DECEASED ALIVE ON <i>Jan. 9, 1951</i> AND THAT DEATH OCCURRED AT <i>6:50A</i> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE <i>B. J. Covel, M.D.</i>		23B. ADDRESS Tempe, Ariz.		23C. DATE SIGNED 1/11/51
	24A. BURIAL (CREMATION) REMOVAL <input checked="" type="checkbox"/>		24B. DATE 1/11/51	24C. NAME OF CEMETERY OR CREMATORY Showlow, Ariz.	

FUNERAL TOR 36 D RAR 2	25A. DATE REC'D BY LOCAL REG. 1/16/51	25B. REGISTRAR'S SIGNATURE <i>Walter Howard</i>	25C. FUNERAL DIRECTOR'S SIGNATURE Carr Mortuary Tempe, Ariz.	25D. ADDRESS CERT. NO. 218
			26. FUNERAL DIRECTOR'S SIGNATURE	27. EMBALMER'S SIGNATURE

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