

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2837

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1119

BIRTH NO.

17 F-DEATH ID 00 RESIDENCE 1	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY Maricopa		A. STATE Missouri B. COUNTY	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Kansas City	
	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 10 yrs. winters		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 15735 South Denton	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Good Samaritan Hospital				

ENT 1 157 4 551	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST) Charles Dale Williams			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	7. DATE OF BIRTH MONTH DAY YEAR 5 12 1894		8. AGE YEARS MONTHS DAYS 57 0 4	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Owner	
	9B. KIND OF BUSINESS OR INDUSTRY Gen. Ins. Agy.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	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) Unknown	13. SOCIAL SECURITY NO. unk	
	14A. FATHER'S NAME Claude D. Williams	14B. BIRTHPLACE (STATE OR COUNTRY) Illinois	15A. MOTHER'S MAIDEN NAME. Mary Anderson	15B. BIRTHPLACE (STATE OR COUNTRY) Kansas		
16. INFORMANT'S SIGNATURE R. D. McMillan (Friend) Kansas City			17. DATE OF DEATH (MONTH) (DAY) (YEAR) May 16, 1951			

126X USE 0 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, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a)		Chronic interstitial pneumonia		5 years
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b)		Influenza and pneumonia		5 years
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (c)		Cor pulmonale		1 year

IONS, PSY 1 TH TO X NAL NCE -	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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 checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

CAL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 1948 TO May 16, 1951 . THAT I LAST SAW THE DECEASED ALIVE ON May 16, 1951 , AND THAT DEATH OCCURRED AT 6:00 P.M. , FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
	23A. SIGNATURE David B. Baldwin M.D.	23B. ADDRESS 414 P. St. Bldg.	23C. DATE SIGNED May 16, 51		

IAL FOR 85) RAR 2	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE 5-16-51	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Kansas City, Mo.	
	25A. DATE REC'D BY LOCAL REG. 5/16/51	25B. REGISTRAR'S SIGNATURE Basil Johnson	26. FUNERAL DIRECTOR'S SIGNATURE Dwight Hays	27. EMBALMER'S SIGNATURE Dwight Hays	
				ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA CERT. NO. 269	