

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1288

3441

BIRTH NO.

DEATH AND RESIDENCE 6	1. PLACE OF DEATH		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).	
	A. COUNTY Maricopa		A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN Phoenix <i>rural</i>	
	C. LENGTH OF STAY IN THIS PLACE, IN ARIZONA 1m 7d   1m 1d		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2206 West Hadley St.	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Memorial Hospital				

X 1 2 01 0 65-1	3. NAME OF DECEASED (TYPE OR PRINT) Lee Roy SWINEHART			4. SEX Male	5. COLOR OR RACE White	
	6. MARRIED NEVER MARRIED WIDDED DIVORCED		7. DATE OF BIRTH April 27 1951		8. AGE YEARS MONTHS DAYS 0 1 7	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Never worked		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no none		13. SOCIAL SECURITY NO. none	
	9B. KIND OF BUSINESS OR INDUSTRY None		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? U.S.A.	
	14A. FATHER'S NAME Mark Leroy Swinehart		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Wilma Malson	
	15B. BIRTHPLACE (STATE OR COUNTRY) Ohio		16. INFORMANT'S SIGNATURE Mark Leroy Swinehart (father) ADDRESS 2206 West Hadley St: Phoenix, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 4, 1951	

CAUSE OF DEATH (FEM 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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) CONGENITAL HEART DISEASE 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 LIFE
	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)

DEATH DUE TO INTERNAL INJURY	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	
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MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 8:10 P.M. 6/4/51 TO 9:00 P.M. 6/4/51 THAT I LAST SAW THE DECEASED ALIVE ON 8:10 P.M. 6/4/51 AND THAT DEATH OCCURRED AT 9:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE J. Roy M.D.			23B. ADDRESS 801 E. Linden School Rd		23C. DATE SIGNED 6/4/51

GENERAL REGISTRAR	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 6/6/51	24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
	25A. DATE REC'D BY LOCAL REG. 6/6/51		25B. REGISTRAR'S SIGNATURE Buelah Johnston		26. FUNERAL DIRECTOR'S SIGNATURE Fred E. Warren	
				27. EMPALMER'S SIGNATURE Robert E. Fitzgerald		28. DEPT. NO. 263