

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b> B. COUNTY <b>Maricopa</b>	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Mesa</b>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <b>Mesa</b>	
C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <b>15 yrs. 15 yrs.</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>950 East Main Street</b>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>950 East Main St. (Home)</b>			

3. NAME OF DECEASED A. (FIRST) <b>JAMES</b> B. (MIDDLE) <b>CLARENCE</b> C. (LAST) <b>BILLINGTON</b>			4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6. MARRIED - NEVER MARRIED <input checked="" type="checkbox"/> WIDDED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>May</b> DAY <b>27</b> YEAR <b>05</b>	B. AGE YEARS <b>46</b> MONTHS <b>1</b> DAYS <b>2</b>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Manager Meat Dept.</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>grocery store</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Oklahoma</b>	11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>No</b>
13. SOCIAL SECURITY NO. <b>526-07-2785</b>		14A. FATHER'S NAME <b>John Thomas Billington</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Indiana</b>
15A. MOTHER'S MAIDEN NAME <b>Mae Jones</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Kansas</b>		16. INFORMANT'S SIGNATURE <b>Ada Mae Billington (Wife)</b>
17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>June 29, 1951</b>		17. ADDRESS <b>Mesa, Ariz.</b>		

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Death occurred very suddenly without medical attention.</b>		
	DUE TO (b) <b>Probable cause of death was Coronary thrombosis.</b>		
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			

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)	
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?	

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **DID NOT SEE ALIVE**, 19\_\_\_\_, THAT I LAST SAW THE DECEASED ALIVE ON \_\_\_\_\_, 19\_\_\_\_, AND THAT DEATH OCCURRED AT **8:45 P.M.**, THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE <b>Jack Lunnaker</b>	23B. ADDRESS <b>Coroner Mesa, Ariz. Mesa, Arizona</b>	23C. DATE SIGNED <b>7-2-51</b>
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24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	24B. DATE <b>7-3-51</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mesa City Cemetery</b>	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Mesa, Arizona</b>
25A. DATE REC'D BY LOCAL REG. <b>7-2-51</b>	25B. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR'S SIGNATURE <b>Meldrum Mortuary Mesa, Arizona</b>	
27. EMBALMER'S SIGNATURE <i>[Signature]</i>		CERT. NO. <b>176</b>	

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