

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

01 31 38 AND 5 PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Apache				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona B. COUNTY Apache			
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) St. Johns		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 32 Yrs 32 Yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL, OR TOWN) St. Johns		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) no name or number	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) No name or number				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) no name or number			
PRECEDENT PERSONAL DATA N-7 0 85-1	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) William B. (MIDDLE) Emmett C. (LAST) Waite			4. SEX Male	5. COLOR OR RACE White			
	6. MARRIED - - - <input checked="" type="checkbox"/> NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH 11 DAY 22 YEAR 93 YEARS 57 MONTHS 8 DAYS 26		8. AGE IF UNDER 24 HOURS HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Mechanic	
	9B. KIND OF BUSINESS OR INDUSTRY Garage		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		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) No	
	13. SOCIAL SECURITY NO. 526-07-3129		14A. FATHER'S NAME John William Waite		14B. BIRTHPLACE (STATE OR COUNTRY) Utah		15A. MOTHER'S MAIDEN NAME Atheda Lambson	
	15B. BIRTHPLACE (STATE OR COUNTRY) Utah		16. INFORMANT'S SIGNATURE Bertha A. Waite		ADDRESS St. Johns, Ariz		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 18 1951	
CAUSE OF DEATH ITEM 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) Coronary Thrombosis 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. Angina Pectoris				INTERVAL BETWEEN ONSET AND DEATH 45 min	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY	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?			
DEATH DUE TO EXTERNAL VIOLENCE	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM June 1, 1951 TO Aug 18, 1951 . THAT I LAST SAW THE DECEASED ALIVE ON Aug 18, 1951 . AND THAT DEATH OCCURRED AT 6:20pm FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
	23A. SIGNATURE Newton B. McBride, MD		DEGREE OR TITLE		23B. ADDRESS St Johns Ariz		23C. DATE SIGNED 8-22-51	
MEDICAL CORONER'S CERTIFICATION	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 8-22-51		24C. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24D. LOCATION - (CITY, TOWN, OR COUNTY) (STATE) St. Johns, Arizona	
	25A. DATE REC'D BY LOCAL REG. 8-29-51		25B. REGISTRAR'S SIGNATURE Etta B. Heap		26. FUNERAL DIRECTOR'S SIGNATURE Dan B. Wetly		ADDRESS Springerville, Arizona	
FUNERAL DIRECTOR AND REGISTRAR	27. EMBALMER'S SIGNATURE Dan B. Wetly		ADDRESS Springerville, Arizona		CERT. NO. 266 A			

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