

CERTIFICATE OF DEATH

<p>1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN San Carlos Hospital</p>		<p>B. LENGTH OF STAY IN ARIZONA <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS Life</p>		<p>2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN San Carlos, Reservation D. STREET ADDRESS On Reservation</p>		<p>REGISTRAR'S NO. (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). B. COUNTY Gila <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS</p>	
<p>3. NAME OF DECEASED (TYPE OR PRINT) Walter Randall</p>		<p>B. (MIDDLE) Randall, Jr.</p>		<p>4. SEX Male</p>		<p>5. COLOR OR RACE Indian</p>	
<p>6. HARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Never</p>		<p>7. DATE OF BIRTH MONTH 6 DAY 26 YEAR 1953</p>		<p>8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS. LAST BIRTHDAY) -- -- --</p>		<p>9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). none</p>	
<p>9B. KIND OF BUSINESS OR INDUSTRY None</p>		<p>10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona</p>		<p>11. CITIZEN OF WHAT COUNTRY? U.S.A</p>		<p>12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No</p>	
<p>14A. FATHER'S NAME Walter Randall</p>		<p>14B. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>		<p>15A. MOTHER'S MAIDEN NAME Sadie Thompson</p>		<p>15B. BIRTHPLACE (STATE OR COUNTRY) Arizona</p>	
<p>16. INFORMANT'S SIGNATURE Fr: Records of San Carlos Hosp. San Carlos, Ariz.</p>		<p>17. DATE OF DEATH MONTH June DAY 28 YEAR 1953</p>		<p>18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Heat Exhaustion</p>			
<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.</p>			
<p>20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>21A. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/></p>		<p>21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)</p>		<p>21C. (CITY OR TOWN) (COUNTY) (STATE)</p>	
<p>21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) June 28 1953 6:40 P.M.</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR</p>			
<p>22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON June 28 1953 AND THAT DEATH OCCURRED AT 6:40 P.M. THAT I LAST SAW THE DECEASED</p>		<p>23A. SIGNATURE Robert Stark</p>		<p>23B. ADDRESS San Carlos, Arizona</p>		<p>23C. DATE SIGNED 6-28-53</p>	
<p>24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/></p>		<p>24B. DATE June 30, 1953</p>		<p>24C. NAME OF CEMETERY OR CREMATORY San Carlos Cemetery</p>		<p>24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) San Carlos, Arizona.</p>	
<p>25A. DATE REC'D BY LOCAL REG. July 1, 1953</p>		<p>25B. REGISTRAR'S SIGNATURE James Randall</p>		<p>26. FUNERAL DIRECTOR'S SIGNATURE Robert Stark</p>		<p>27. EMBALMER'S SIGNATURE Robert Stark</p>	
<p>28. DIRECTOR AND REGISTRAR</p>		<p>29. ADDRESS AND CERT. NO.</p>		<p>30. OTHER INFORMATION</p>			

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DECEDENT
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DATA 303

CAUSE

OF

DEATH

ITEM 18)

ERATIONS,
AUTOPSY

DEATH
DUE TO

EXTERNAL
VIOLENCE

MEDICAL
CORONER'S
CERTIFICATION

FUNERAL
DIRECTOR

AND
REGISTRAR