ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 1103 E Culver 49574

REGISTRAR'S NO. 1783

BIRTH NO.

E OF DEATH AND L RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 11 Yrs. IN ARIZONA: 11 Yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 379 E. Windsor

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 379 E. Windsor

ECEDENT ERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RAY B. (MIDDLE) HALLER C. (LAST) READER
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Bertha A. Nelson
7. DATE OF BIRTH — MONTH: Oct DAY: 31 YEAR: 1886
8. AGE (IN YEARS LAST BIRTHDAY): 66 — IF UNDER 1 YEAR: MONTHS / DAYS — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Stockman & Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Rancher
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY?: U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO.: 527-24-6561
14A. FATHER'S NAME: John H. Reader
14B. BIRTHPLACE (STATE OR COUNTRY): Illinois
15A. MOTHER'S MAIDEN NAME: Mary Melinda Ereckson
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE — ADDRESS: Bertha Amelia Reader 379 E. Windsor
17. DATE OF DEATH — (MONTH): August (DAY): 15 (YEAR): 1953

CAUSE OF DEATH TEM 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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Cerebral Thrombosis

11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebral accident 10 yrs 3 days.

ERATIONS, UTOPSY

19A. DATE OF OPERATION: no operation
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO XTERNAL IOLENCE

21A. ACCIDENT / SUICIDE / HOMICIDE (SPECIFY): no
21B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21F. HOW DID INJURY OCCUR?

MEDICAL R CORONER'S TIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 7, 1952, TO Aug. 15, 1953, THAT I LAST SAW THE DECEASED ALIVE ON Aug. 15, 1953, AND THAT DEATH OCCURRED AT 6:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: R. D. Shipple — (DEGREE OR TITLE)
23B. ADDRESS: 110 E. Culver
23C. DATE SIGNED: 8/17/53

UNERAL IRECTOR AND GISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE: 8/19/53
24C. NAME OF CEMETERY OR CREMATORY: MEMORY LAWN
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX ARIZONA
25A. DATE REC'D BY LOCAL REG.: 8/18/53
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: L M Mortensen — ADDRESS: City
27. EMBALMER'S SIGNATURE: L M Mortensen — CERT. NO.: 261-A

FORM VS 2 REV. 1-1-53

Mortensen-Kingsley