

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. **6657**

6657

CERTIFICATE OF DEATH

04 04 AGE OF DEATH 65 AND 48 UAL RESIDENCE 4-	1. PLACE OF DEATH A. COUNTY Gila C. CITY OR TOWN Winkelman D. FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION IN INSTITUTION 60-70 Cant		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 1 day 3 1/2		2. USUAL RESIDENCE A. STATE Arizona C. CITY OR TOWN Winkelman D. STREET ADDRESS Business delivery		3. NAME OF DECEASED A. (FIRST) Lennie A. Parker B. (MIDDLE) Lennie A. Parker C. (LAST) male		4. SEX male		5. COLOR OR RACE white	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		7. DATE OF BIRTH MONTH April DAY 9 YEAR 1890		8. AGE (IN YEARS) LAST BIRTHDAY 63		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) Merchant		9B. KIND OF BUSINESS OR INDUSTRY school bus driver		10. SOCIAL SECURITY NO. 527-34-5113	
DECEDENT PERSONAL DATA		11. CITIZENSHIP OF WHAT COUNTRY? U.S.A.		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. 527-34-5113		14. FATHER'S NAME Charles L. Parker		15A. MOTHER'S MAIDEN NAME Mary Jackson		
15. INFORMANT'S SIGNATURE (SON) Lennie A. Parker		16. ADDRESS Winkelman Ariz		17. DATE OF DEATH Nov 15th 11:30 AM 1953		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). Coronary occlusion † THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. Hypertension		19. DATE OF OPERATION none		20. AUTOPSY? no		
OPERATIONS, AUTOPSY		21A. ACCIDENT SUICIDE HOMICIDE		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) (MIN) (M)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
DEATH DUE TO EXTERNAL VIOLENCE		21F. HOW DID INJURY OCCUR		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov 14 1953 TO Nov 15 1953 AND THAT DEATH OCCURRED AT 11:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE Albert J. Harris M.D.		23B. ADDRESS Globe, Arizona		23C. DATE SIGNED Nov. 15, 1953		
MEDICAL OR CORONER'S CERTIFICATION		24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE Nov 15-1953		24C. NAME OF CEMETERY OR CREMATORY Mountain View Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mountain View, Arizona		25A. DATE REC'D BY LOCAL REG. 11-16-53		
FUNERAL DIRECTOR AND REGISTRAR		25B. REGISTRAR'S SIGNATURE Lennie A. Parker		26. FUNERAL DIRECTOR'S SIGNATURE Lennie A. Parker		27. EMBALMER'S SIGNATURE Lennie A. Parker		28. ADDRESS Winkelman, Arizona		29. CERT. NO. #1323		