

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY Gila
C. CITY OR TOWN Miami
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITALITY M.C.A. Miami & Sullivan St.
3. NAME OF (FIRST) Raymond (MIDDLE) Douglas (LAST) Mc.Cause
4. SEX Male
5. COLOR OR RACE White
6. MARRIED, NEVER MARRIED, WIDDED, DIVORCED (SPECIFY) Never Married
7. DATE OF BIRTH MONTH Dec DAY 4 YEAR 1924
8. AGE (IN YEARS) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS 28 Yrs. DAYS 28 HOURS 28 MIN. Shift Foreman
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes World War II
13. SOCIAL SECURITY NO. 521-20-5052
14A. FATHER'S NAME F. D. Mc.Cause
15A. MOTHER'S MAIDEN NAME Ellen Jane Martin
16. INFORMANT'S SIGNATURE Arvy Mc.Cause
17. DATE OF DEATH (DAY) 29 (MONTH) Oct. (YEAR) 1953
18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 976 X
*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, UREMIA, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.
19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE Arizona.
B. COUNTY Gila.
C. CITY OR TOWN Miami.
D. STREET ADDRESS Y.M.C.A. Miami & Sullivan St.
(IF RURAL, GIVE LOCATION)
E. IN CITY LIMITS OUTSIDE CITY LIMITS

21A. ACCIDENT SUICIDE HOMICIDE Suicide
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) Y.M.C.A.
21C. (CITY OR TOWN) (COUNTY) (STATE) Miami, Arizona, Gila
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) (M) (AM) (PM) INJURY OCCURRED
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ALIVE ON Nov. 2, 1953 AND THAT DEATH OCCURRED AT Nov. 2, 1953 M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE) John Campbell - Registrar
23B. ADDRESS (CITY, TOWN, OR COUNTY) (STATE) Miami, Arizona, Gila
23C. DATE SIGNED Nov. 2, 1953
24A. BURIAL DATE Nov. 2, 1953
24B. DATE OF CREMATION Nov. 2, 1953
24C. NAME OF CEMETERY OR CREMATORY Ada, Oklahoma
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Ada, Oklahoma
25A. DATE/REC'D BY LOCAL REG. Nov. 2, 1953
25B. REGISTRAR'S SIGNATURE Arvy Mc.Cause
26. FUNERAL DIRECTOR'S SIGNATURE Arvy Mc.Cause
27. EMBALMER'S SIGNATURE Arvy Mc.Cause
28. ADDRESS (CITY, TOWN, OR COUNTY) (STATE) Ada, Oklahoma
29. CERT. NO. 2497A

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Heart that would of
ANTECEDENT CAUSES due to brain
MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
3. MAJOR FINDINGS OF OPERATION

4. MEDICAL CERTIFICATION
5. INTERVAL BETWEEN ONSET AND DEATH

6. RATIONS, AUTOPSY

7. DEATH DUE TO FORMALIN
8. CORONER'S FICATION

9. MEDICAL