

## CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2

04 04 AGE OF DEATH 8 AND 48 USUAL RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Gila</u>		B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA <u>17 yr.</u>   <u>52</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u>			B. COUNTY <u>Gila</u>					
	C. CITY OR TOWN <u>Winkelman</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Winkelman</u>			<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					D. STREET ADDRESS (IF RURAL, GIVE LOCATION)							
DECEDENT PERSONAL DATA 177 7 154	3. NAME OF DECEASED (TYPE OR PRINT) <u>Wiley Dalph Reading</u>			A. (FIRST)		B. (MIDDLE)		C. (LAST)		4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>	
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		7. DATE OF BIRTH MONTH   DAY   YEAR <u>Aug.</u>   <u>3</u>   <u>1876</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>77 years</u>		IF UNDER 1 YEAR MONTHS   DAYS   HOURS   MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Watchman</u>				
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Missouri</u>		11. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>		13. SOCIAL SECURITY NO. <u>526-03-5962</u>				
	14A. FATHER'S NAME <u>Alden J. Reading</u>			14B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>		15A. MOTHER'S MAIDEN NAME <u>Mary Nelson</u>			15B. BIRTHPLACE (STATE OR COUNTRY) <u>not known</u>				
	16. INFORMANT'S SIGNATURE <u>Maggie Reading</u>					ADDRESS					17. DATE OF DEATH <u>January</u>		(MONTH) (DAY) (YEAR) <u>15 1954</u>
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C) <u>422</u> *THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAIL- URE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICA- TION WHICH CAUSED DEATH. PLACE DISEASE CON- TRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Chronic Myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>			
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UN- DERLYING CAUSE LAST.		DUE TO (B)		DUE TO (C)					11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION									20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)							
DEATH DUE TO EXTERNAL VIOLENCE	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?							
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Jan. 11, 1954</u> TO <u>Jan. 14, 1954</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Jan. 12, 1954</u> AND THAT DEATH OCCURRED AT <u>5:00</u> <u>A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.												
MEDICAL OR CORONER'S CERTIFICATION	23A. SIGNATURE <u>Walter B. Baust</u>					(DEGREE OR TITLE) <u>M.D.</u>			23B. ADDRESS <u>Hayden Ariz</u>			23C. DATE SIGNED <u>1-15-54</u>	
	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE <u>1/17/1954</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mountain View</u>			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Gila Ariz.</u>					
FUNERAL DIRECTOR AND REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>1-17-1954</u>		25B. REGISTRAR'S SIGNATURE <u>Joey J. Roberts</u>			26. FUNERAL DIRECTOR'S SIGNATURE <u>Byron M. Sniffitt</u>			ADDRESS <u>Hayden Ariz</u>				
						27. EMBALMER'S SIGNATURE <u>Byron M. Sniffitt</u>			CERT. NO. <u>338</u>				