

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

755

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 9

PLACE OF DEATH 04 04 AND USUAL RESIDENCE 15 19 0402	1. PLACE OF DEATH		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION).	
	A. COUNTY <i>Bila</i>		10 days 7 yrs.		A. STATE <i>Arizona</i>	
	C. CITY OR TOWN <i>Miami</i>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		B. COUNTY <i>Bila</i>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Inspiration Hospital</i>				C. CITY OR TOWN <i>Globe</i> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
DECEDENT PERSONAL DATA 114 154	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <i>Dain</i> B. (MIDDLE) <i>Chester</i> C. (LAST) <i>Osborn Jr</i>			4. SEX <i>male</i>		5. COLOR OR RACE <i>White</i>
	6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <i>Never married</i>	7. DATE OF BIRTH MONTH DAY YEAR <i>April 12 1939</i>		8. AGE (IN YEARS LAST BIRTHDAY) <i>14</i>	IF UNDER 1 YEAR IF UNDER 2 MRS. DAYS HOURS MIN. <i>6 XX XX</i>	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <i>school student</i>
	9B. KIND OF BUSINESS OR INDUSTRY <i>student</i>	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <i>Hartford Ark</i>	11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <i>no</i>		13. SOCIAL SECURITY NO.
	14A. FATHER'S NAME <i>Dain Chester Osborn</i>		14B. BIRTHPLACE (STATE OR COUNTRY) <i>Arkansas</i>	15A. MOTHER'S MAIDEN NAME <i>Bobbie Simmons</i>		15B. BIRTHPLACE (STATE OR COUNTRY) <i>Arkansas</i>
	16. INFORMANT'S SIGNATURE <i>Dain Chester Osborn</i>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>Feb. 18-1954 7 AM</i>		
	18. CAUSE OF DEATH			MEDICAL CERTIFICATION		
	ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <i>7573</i>			1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <i>Uremia</i>		
	*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Congenitally underdeveloped kidneys</i> DUE TO (C)		
PLACE DISEASE CONTRACTED.			11. OTHER SIGNIFICANT CONDITIONS			
OPERATIONS, AUTOPSY <i>9</i>			19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
DEATH DUE TO EXTERNAL VIOLENCE <i>11</i>			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)	
MEDICAL OR CORONER'S CERTIFICATION <i>1</i>			21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <i>1-1-1953</i> TO <i>2-18-1954</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>2-17-1954</i> AND THAT DEATH OCCURRED AT <i>7 AM</i> .			M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <i>Dr. Lally MD</i> (DEGREE OR TITLE)			23B. ADDRESS <i>Box 623 Miami Az</i>		23C. DATE SIGNED <i>2-18-54</i>	
FUNERAL DIRECTOR AND REGISTRAR <i>107</i>			24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <i>2/19/54</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hartford Cemetery</i>	
25A. DATE REC'D BY LOCAL REG. <i>Feb 18 1954</i>			25B. REGISTRAR'S SIGNATURE <i>Arnon D. Brayton</i>		25C. FUNERAL DIRECTOR'S SIGNATURE <i>Gene James Walker</i> ADDRESS <i>Globe Arizona</i>	
			26. EMBALMER'S SIGNATURE <i>Gene James Walker</i>		27. EMBALMER'S SIGNATURE <i>Gene James Walker #523</i>	