

CERTIFICATE OF DEATH

REGISTRAR'S NO.

13

76 PLACE OF DEATH DUNCAN AL RESIDENCE 1-1	1. PLACE OF DEATH A. COUNTY <u>GREENLEE</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <u>ARIZONA</u> B. COUNTY <u>GREENLEE</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>DUNCAN</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>69 yrs</u> <u>69 yrs</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN <u>DUNCAN</u>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>High Avenue</u>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>High Avenue</u>		
PRECEDENT PERSONAL DATA 199 454	3. NAME OF DECEASED A. (FIRST) <u>William</u> B. (MIDDLE) <u>Claudius</u> C. (LAST) <u>Packer</u>			4. SEX <u>M</u>		5. COLOR OR RACE <u>CAU.</u>
	6. MARRIED (TYPE OR PRINT) NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>7</u> DAY <u>18</u> YEAR <u>74</u> MONTHS <u>9</u> DAYS <u>5</u>		8. AGE YEARS <u>9</u> MONTHS <u>9</u> DAYS <u>5</u>
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>SPANITOR</u>		9B. KIND OF BUSINESS OR INDUSTRY <u>High School</u>		9C. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>UTAH</u>		11. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>		12. SOCIAL SECURITY NO. <u>526-44-5788</u>		
13. FATHER'S NAME <u>William J. Packer</u>		14. BIRTHPLACE (STATE OR COUNTRY) <u>UTAH</u>		15. MOTHER'S MAIDEN NAME <u>MARY ANN ALFRED</u>		
16. INFORMANT'S SIGNATURE <u>Mary Pennington Newcomer Arizona</u>			17. DATE OF DEATH (MONTH) <u>4</u> (DAY) <u>23</u> (YEAR) <u>54</u>		18. BIRTHPLACE (STATE OR COUNTRY) <u>ENGLAND</u>	
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a) (b) (c). <u>CEREBRAL HEMORRHAGE</u> + 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 I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>DISEASES INCIDENT TO SENILITY.</u> DUE TO (c) <u>TO SENILITY.</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>20 MO.</u>
	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 DATE FURNAL DIRECTION	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 <u>SEP 10 1953</u> TO <u>APRIL 23 1954</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>APRIL 23 1954</u> AND THAT DEATH OCCURRED AT <u>11 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL FURNER'S SIGNATURE	23A. SIGNATURE <u>Robert P. Stewart, D.D.</u>		23B. ADDRESS <u>Newcomer, Ariz.</u>		23C. DATE SIGNED <u>4/23/54</u>	
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>4/25/54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Green Safford</u>	
GENERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Safford, Ariz.</u>		25A. DATE REC'D BY LOCAL REG. <u>April 23, 54</u>		25B. REGISTRAR'S SIGNATURE <u>W.E. Rawson</u>	
	25C. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Rawson Safford</u>		25D. EMBALMER'S SIGNATURE <u>W.E. Rawson</u>		25E. CERT. NO. <u>116</u>	