

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

7 DATE OF DEATH 15 AND 83 AL RESIDENCE 0348	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 22 Yrs. IN ARIZONA 30 Yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa		
	C. CITY OR TOWN Wickenburg		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Wickenburg <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Echo Hill Rest Home				
1 3 DECEDENT PERSONAL DATA /65 4 654	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ernest B. (MIDDLE) Paul C. (LAST) Ambler			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 9 DAY 18 YEAR 1888	B. AGE (IN YEARS LAST BIRTHDAY) 65	IF UNDER 1 YEAR MONTHS DAYS 	IF UNDER 24 HRS. HOURS MIN. 	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Sign Painter
	8B. KIND OF BUSINESS OR INDUSTRY Sign Painting	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) Yes WW# 1	13. SOCIAL SECURITY NO. Not Available		
	14A. FATHER'S NAME Robert L. Ambler		14B. BIRTHPLACE (STATE OR COUNTRY) Ky.	15A. MOTHER'S MAIDEN NAME Nellie Knight		15B. BIRTHPLACE (STATE OR COUNTRY) Ill.	
16. INFORMANT'S SIGNATURE Mrs. Norma Haddock ADDRESS 3294 Michigan, South Gate, California.				17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 30 1954			
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †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 CONDITION DIRECTLY LEADING TO DEATH † (A) Cerebral hemorrhage DUE TO (B) hypertension DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
OPERATIONS, AUTOPSY	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-23 , 19 53 TO 6-30 , 19 54 , THAT I LAST SAW THE DECEASED ALIVE ON 6-30-1954 AND THAT DEATH OCCURRED AT 5:00 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.						
	22A. SIGNATURE [Signature] (DEGREE OR TITLE) MD		22B. ADDRESS Wickenburg, Arizona		22C. DATE SIGNED 7-2-54		
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)		
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 7-3-54	25C. NAME OF CEMETERY OR CREMATORY Wickenburg		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Wickenburg Arizona	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 7/6/54	26B. REGISTRAR'S SIGNATURE F. H. Wachter		27A. FUNERAL DIRECTOR'S SIGNATURE W. L. Coffinger		27B. ADDRESS Wickenburg Ariz.	