

CERTIFICATE OF DEATH

REGISTRAR'S NO. 32

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| 15 PLACE OF DEATH AND 27 USUAL RESIDENCE | 1. PLACE OF DEATH A. COUNTY <i>Yuma</i> | | 2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <i>Arizona</i> B. COUNTY <i>Yuma</i> | |
| | B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE FULL) <i>Parker</i> | | C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <i>2 yrs</i> <i>2 yrs</i> | |
| | D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <i>Home in Parker</i> | | D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <i>5th Ave + California St</i> | |
| | 3. NAME OF DECEASED A. (FIRST) <i>Samuel</i> B. (MIDDLE) <i>None</i> C. (LAST) <i>Clapp</i> | | 4. SEX <i>Male</i> 5. COLOR OR RACE <i>White</i> | |
| DECEDENT PERSONAL DATA | 6. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 7. DATE OF BIRTH MONTH <i>June</i> DAY <i>1</i> YEAR <i>1878</i> | |
| | 8. AGE YEARS <i>76</i> MONTHS <i>5</i> DAYS <i>28</i> | | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) <i>Real Estate Broker</i> | |
| | 9B. KIND OF BUSINESS OR INDUSTRY <i>Downey California</i> | | 11. CITIZEN OF WHAT COUNTRY? <i>Illinois</i> | |
| | 10. 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. <i>No</i> | |
| CAUSE OF DEATH (ITEM 18) | 14A. FATHER'S NAME <i>Frank S Clapp</i> | | 14B. BIRTHPLACE (STATE OR COUNTRY) <i>Illinois</i> | |
| | 15A. MOTHER'S MAIDEN NAME <i>Ruth Condit</i> | | 15B. BIRTHPLACE (STATE OR COUNTRY) <i>Mich.</i> | |
| | 16. INFORMANT'S SIGNATURE <i>Lula B. Clapp</i> | | 17. DATE OF DEATH (MONTH) (DAY) (YEAR) <i>June 28 1954</i> | |
| | 18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A) (B), (C). <i>331 X</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING DUE TO (b) <i>arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH <i>44 days.</i> | |
| OPERATIONS, AUTOPSY | 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | |
| | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| DEATH DUE TO EXTERNAL VIOLENCE | 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) | | 21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY | |
| MEDICAL CORONER'S CERTIFICATION | 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>May 15</i> 19 <i>54</i> TO <i>June 28</i> 19 <i>54</i> . THAT I LAST SAW THE DECEASED ALIVE ON <i>June 28</i> 19 <i>54</i> . AND THAT DEATH OCCURRED AT <i>8:45 A.M.</i> FROM THE CAUSE AND ON THE DATE STATED ABOVE. | | 23A. SIGNATURE <i>Dennis Hamilton</i> (DEGREE OR TITLE) <i>Coroner</i> | |
| FUNERAL DIRECTOR AND REGISTRAR | 23B. ADDRESS <i>Box 1936 Parker Ariz.</i> | | 23C. DATE SIGNED <i>6-28-54</i> | |
| | 24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/> | | 24B. DATE <i>6/28/54</i> | |
| 24C. NAME OF CEMETERY OR CREMATORY <i>Wickburg, Ariz.</i> | | 24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) | | |
| 25A. DATE REC'D BY LOCAL REG. <i>6/28/54</i> | | 25B. REGISTRAR'S SIGNATURE <i>J.B. Roberts</i> | | |
| 26. FUNERAL DIRECTOR'S SIGNATURE <i>H.L. Coffinger</i> ADDRESS <i>Wickburg, Ariz.</i> | | 27. EMBALMER'S SIGNATURE <i>H.L. Coffinger</i> CERT. NO. <i>188</i> | | |