

Punch

verified

CERTIFICATE OF DEATH

REGISTRAR'S NO.

|                                |  |   |  |  |   |  |  |                                       |  |
|--------------------------------|--|---|--|--|---|--|--|---------------------------------------|--|
| OF DEATH AND RESIDENCE         | 1. PLACE OF DEATH<br>A. COUNTY <b>MARICOPA</b>   |   | B. LENGTH OF STAY<br>IN THIS TOWN <b>24 YR</b> IN ARIZONA <b>24 YR</b>                             |  | 2. USUAL RESIDENCE<br>A. STATE <b>ARIZONA</b> B. COUNTY <b>MARICOPA</b> |  | 3. (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)                              |                                       |  |
|                                | C. CITY OR TOWN <b>PHOENIX</b>   |   | <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |  | C. CITY OR TOWN <b>PHOENIX</b>  |  | <input checked="" type="checkbox"/> IN CITY LIMITS<br><input type="checkbox"/> OUTSIDE CITY LIMITS |                                       |  |
|                                | D. FULL NAME OF HOSPITAL OR INSTITUTION <b>3102 N. 38TH ST.</b>  |   |  |  | D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>3102 N. 38TH ST.</b>     |  | E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>     |                                       |  |
| IDENTIFICATION                 | 3. NAME OF DECEASED<br>(TYPE OR PRINT) A. (FIRST) <b>MAUDE</b> B. (MIDDLE) <b>B.</b> C. (LAST) <b>HOUSER</b>   |   |  | 4. SEX <b>FE</b>   | 5. COLOR OR RACE <b>CAUC.</b>   | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>           |  |                                       |  |
|                                | 6B. NAME OF SPOUSE <b>JAMES HOUSER</b>   |   | 7. DATE OF BIRTH<br>MONTH <b>7</b> DAY <b>28</b> YEAR <b>85</b>                                    | 8. AGE (IN YEARS) LAST BIRTHDAY <b>74</b>  | IF UNDER 1 YEAR MONTHS  | IF UNDER 24 HRS. HOURS   | 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>HOUSEWIFE</b>      |                                       |  |
|                                | 9B. KIND OF BUSINESS OR INDUSTRY   | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>OKLAHOMA</b> | 11. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>  | 12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>NO</b>   |   | 13. SOCIAL SECURITY NO. <b>527-32-1588</b>                                       |  |                                       |  |
| IDENTIFICATION                 | 14A. FATHER'S NAME <b>WILLIAM MILLER</b>   |   | 14B. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>UNKN.</b>  | 15A. MOTHER'S MAIDEN NAME <b>MARY YATES</b>  |   | 15B. BIRTHPLACE (STATE OR COUNTRY) <b>TENN.</b>                                  |  |                                       |  |
|                                | 16. INFORMANT'S SIGNATURE <b>MR. JAMES HOUSER</b>  |   |  | ADDRESS <b>PHOENIX</b>   |   | 17. DATE OF DEATH<br>(MONTH) <b>MARCH</b> (DAY) <b>2</b> (YEAR) <b>1960</b>      |  |                                       |  |
|                                | 18. CAUSE OF DEATH<br>ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).<br><br>\$THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IF NEARS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.<br><br>PLACE DISEASE CONTRACTED. |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH:<br>(A) <b>Medullary Failure</b><br>DUE TO (B) <b>Thrombotic Encephalomalacia</b><br>DUE TO (C) <b>Arteriosclerosis</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Hypertension</b> |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>Sev. Years</b><br><b>Sev. Years</b>        |                                       |  |
| 19A. DATE OF OPERATION         |  | 19B. MAJOR FINDINGS OF OPERATION                          |  |  |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |                                       |  |
| MEDICAL CERTIFICATION          | 21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>May 8 1959</b> TO <b>March 2 1960</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>March 2 1960</b> AND THAT DEATH OCCURRED AT <b>12:15 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.        |   |  |  |   |  |  |                                       |  |
|                                | 22A. SIGNATURE <b>J. R. Forbes, D.O.</b>   |   |  | (DEGREE OR TITLE)  |   | 22B. ADDRESS <b>Phoenix, Arizona</b>   |  | 22C. DATE SIGNED <b>March 3, 1960</b> |  |
| 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  |   |  | 23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 23F. HOW DID INJURY OCCUR?   |  |                                       |  |
| CORONER'S IDENTIFICATION       | 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 <b>3-4-60</b>  |  | 25C. NAME OF CEMETERY OR CREMATORY <b>MEMORY LAWN</b>                   |  | 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>PHOENIX, ARIZONA</b>                              |                                       |  |
| GENERAL DIRECTOR AND REGISTRAR | 26A. DATE REC. BY LOCAL REG. <b>3/4/60</b>   |   | 26B. REGISTRAR'S SIGNATURE <b>Barth H. Taylor Deputy</b>   |  | 27A. FUNERAL DIRECTOR'S SIGNATURE <b>Clifford L. Sege</b>               |  | 27B. ADDRESS <b>PHOENIX, ARIZ.</b>   |                                       |  |
|                                | 28A. EMBALMER'S SIGNATURE <b>Frank R. Braden</b>   |   | 28B. EMBALMER'S CERT. NO. <b>372-A</b>   |  |   |  |  |                                       |  |