

PUNCHED
VERIFIED

CERTIFICATE OF DEATH

REGISTRAR'S NO. 354

PLACE OF DEATH AND USUAL RESIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 25 yrs IN ARIZONA 35 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Mesa General Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 159 S. Mesa Dr.	
					E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

DECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Edith B. (MIDDLE) Jemima C. (LAST) DONE			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, DIVORCED, OR WIDOWED (SPECIFY) Widowed
	6B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH 3 DAY 5 YEAR 79	8. AGE (IN YEARS LAST BIRTHDAY) 83	IF UNDER 1 YEAR MONTHS _____ DAYS _____	IF UNDER 24 HRS. HOURS _____ MIN. _____
	9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Utah	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. No	
	14A. FATHER'S NAME Abraham Done	14B. BIRTHPLACE (STATE OR COUNTRY) England	15A. MOTHER'S MAIDEN NAME Elizabeth Anne Robinson	15B. BIRTHPLACE (STATE OR COUNTRY) Utah		

CAUSE OF DEATH (ITEM 18)	16. INFORMANT'S SIGNATURE Mrs. Edith C. Thatcher Chandler, Arizona		ADDRESS		17. DATE OF DEATH (MONTH) (DAY) (YEAR) 11 14 62		
	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, ASTHMA, 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) Monitors & Rehabilitation DUE TO (B) Coronary Atherosclerosis DUE TO (C) Pneumonia of Colon. II. OTHER SIGNIFICANT 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"/>		

DEATH DUE TO EXTERNAL VIOLENCE	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-10-58 , IS 11-14-62 , IS 8:05 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE (DEGREE OR TITLE) [Signature] DO		22B. ADDRESS Mesa, Arizona		22C. DATE SIGNED 11-15-62	
	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 checked="" type="checkbox"/>		23F. HOW DID INJURY OCCUR?		

FUNERAL DIRECTOR AND REGISTRAR	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 11-17-62	25C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
	26A. DATE REG. 11-16-62	26B. REGISTRAR'S SIGNATURE [Signature]	27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS Mesa, Arizona	

28A. EMBALMER'S SIGNATURE [Signature]	28B. EMBALMER'S CERT. NO. 345
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