

CERTIFICATE OF DEATH

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Cocconino		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 2 days 2 days		2. USUAL RESIDENCE A. STATE Oklahoma		REGISTRAR'S NO. 16	
C. CITY OR TOWN Flagstaff		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Davis		B. COUNTY Murray		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 223 S. Sitgreaves (Motel)		C. (MIDDLE) Dempsey		D. STREET ADDRESS Gen Del		E. COLOR OR RACE White		4. SEX Male	
3. NAME OF DECEASED (TYPE OR PRINT) William		B. (LAST) CURRY		8. AGE (IN YEARS IF UNDER 1 YEAR IF UNDER 24 HRS. LAST BIRTHDAY) 72		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Farmer-Retired		5. COLOR OR RACE White	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) widowed		7. DATE OF BIRTH MONTH June DAY 4 YEAR 1880		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		11. CITIZEN OF WHAT COUNTRY? U.S.A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	
9B. KIND OF BUSINESS OR INDUSTRY Sell		14B. BIRTHPLACE (STATE OR COUNTRY) not known		15A. MOTHER'S MAIDEN NAME not known		15B. BIRTHPLACE (STATE OR COUNTRY) not known		13. SOCIAL SECURITY NO. none	
14A. FATHER'S NAME not known		16. INFORMANT'S SIGNATURE W.P. Curry		17. DATE OF DEATH (DAY) Feb. (MONTH) 22 (YEAR) 1953		18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 302 x + THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. 779 Northrup Pharmacy 779 Northrup Pharmacy		19. DATE OF OPERATION not known	
19A. DATE OF OPERATION not known		19B. MAJOR FINDINGS OF OPERATION not known		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21A. ACCIDENT (SPECIFY) not known		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) not known		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?		21G. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) not known		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 22 1953 TO July 22 1953 THAT I LAST SAW THE DECEASED ALIVE ON July 22 1953 AND THAT DEATH OCCURRED AT 2 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		23A. SIGNATURE (DEGREE OR TITLE) John W. Fuchter		23C. DATE SIGNED 2-25-53	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/>		24B. DATE Feb. 25, 1953		24C. NAME OF CEMETERY OR CREMATORY Flagstaff Cemetary		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Flagstaff, Arizona		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. R. Compton Flagstaff, Ariz	
25A. DATE REC'D BY LOCAL REG. 2-26-53		25B. REGISTRAR'S SIGNATURE J.M. Gaed		27. EMBALMER'S SIGNATURE D. R. Compton		CERT. NO. 258-A		27. EMBALMER'S SIGNATURE CERT. NO.	