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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO.

PLACE OF DEATH RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Navajo</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Nav.</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Snowflake Ariz.</u>		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 0 0		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Snowflake Ariz.</u>	
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <u>Snowflake Maternity Hosp.</u>			D. STREET ADDRESS		
IDENTIFICATION	3. NAME OF DECEASED (TYPE OR PRINT) <u>Richard J. Frost</u>			4. SEX <u>Male</u>		5. COLOR OR RACE <u>White</u>
	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>10</u> DAY <u>1</u> YEAR <u>1949</u>		8. AGE YEARS MONTHS DAYS	
	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		13. SOCIAL SECURITY NO.	
	9B. KIND OF BUSINESS OR INDUSTRY		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Snowflake Ariz.</u>		11. CITIZEN OF WHAT COUNTRY?	
RELATIONS TO DEATH	14A. FATHER'S NAME <u>Chester A. Frost</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Snowflake Ariz.</u>		15A. MOTHER'S MAIDEN NAME <u>Annie Queen</u>	
	16. INFORMANT'S SIGNATURE <u>Mother</u>			17. DATE OF DEATH (MONTH) <u>10</u> (DAY) <u>1</u> (YEAR) <u>1949</u>		15B. BIRTHPLACE (STATE OR COUNTY) <u>St. John's Ariz.</u>
	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. <input checked="" type="checkbox"/> PLACE DISEASE CONTRACTED.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (2) <u>Unknown - Stillborn</u> ANTECEDENT CAUSES, MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (2), STATING THE UNDERLYING CAUSE LAST. DUE TO (C) - II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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)	
CIRCUMSTANCES OF DEATH	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		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 <u>Oct. 1, 1949</u> TO <u>Oct. 1, 1949</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Oct. 1, 1949</u> AND THAT DEATH OCCURRED AT <u>sev. hrs. before birth</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
LEGAL ATTESTATION	23A. SIGNATURE <u>J. N. Hayward</u>			23B. ADDRESS <u>Snowflake, Ariz.</u>		23C. DATE SIGNED <u>Oct. 2, 1949</u>
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Oct. 2, 1949</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Snowflake, Ariz.</u>	
REGISTRAR	25A. DATE REC'D BY LOCAL REG. <u>Oct 14 1949</u>		25B. REGISTRAR'S SIGNATURE <u>Blanche Flake</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Family</u>	