

CERTIFICATE OF DEATH

1. PLACE OF DEATH A. COUNTY <b>Yavapai</b>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>2 1/2 yrs 28 yrs</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Arizona</b>		REGISTRAR'S NO. <b>819</b>
	C. CITY OR TOWN <b>Whipple, Arizona</b>	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Prescott</b>	<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>Veterans Administration Center</b>			D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>General Delivery</b>		
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>ROBERT</b>		B. (MIDDLE) <b>GRANT</b>	C. (LAST)	4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6B. NAME OF SPOUSE ---		7. DATE OF BIRTH MONTH DAY YEAR <b>3 24 88</b>	8. AGE (IN YEARS LAST BIRTHDAY) <b>67</b>	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
9B. KIND OF BUSINESS OR INDUSTRY <b>None</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>	11. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>Yes 12-14-17; 12-7-18</b>	
14A. FATHER'S NAME <b>Horace Grant</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Illinois</b>	15A. MOTHER'S MAIDEN NAME <b>Edith McCarty</b>		13. SOCIAL SECURITY NO. <b>None</b>
16. INFORMANT'S SIGNATURE <b>VA Hospital Records, Whipple, Arizona</b>			17. DATE OF DEATH (MONTH) (DAY) (YEAR) <b>SEPTEMBER 11 1955</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>Ohio</b>
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <b>SA-7</b> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>Acute dilatation of stomach</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <b>Hypertrophy of Right ventricle</b> DUE TO (C) <b>Pulmonary emphysema</b> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Calcific aortic stenosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Days</b> <b>Years</b> <b>Years</b>
19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION ---			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June 28</b> , 19 <b>55</b> , TO <b>Sept. 8</b> , 19 <b>55</b> , AND THAT DEATH OCCURRED AT <b>10:15 P.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
22A. SIGNATURE <b>ALBERT O. DANIELS, M.D., Pathologist</b>			22B. ADDRESS <b>VA Center, Whipple, Arizona</b>		22C. DATE SIGNED <b>9-9-55</b>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>---</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <b>---</b>		23C. (CITY OR TOWN) (COUNTY) (STATE) <b>---</b>	
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>---</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? <b>---</b>	
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>9-15-55</b>	25C. NAME OF CEMETERY OR CREMATORY <b>Veterans Administration Cemetery</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Whipple, Arizona</b>
26A. DATE REC. BY LOCAL REG. <b>9/13/55</b>		26B. REGISTRAR'S SIGNATURE <i>Armeda Johnson</i> Deputy		27A. FUNERAL DIRECTOR'S SIGNATURE <i>L. W. Ruffner</i>	
27B. ADDRESS <b>Prescott, Arizona</b>					