

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY SANTA CRUZ		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 3 wks 60 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	C. CITY OR TOWN Nogales		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION XXXXXXXXXXXX 307 Loma			D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 4744 W. Clarendon <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) JOHN B. (MIDDLE) RAYMOND C. (LAST) BELL			4. SEX M	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Divorced
	6B. NAME OF SPOUSE		7. DATE OF BIRTH (MONTH DAY YEAR) Jan 9 1893	8. AGE (IN YEARS, LAST BIRTHDAY) 69	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY Greyhound Buss		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mo.	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No	13. SOCIAL SECURITY NO. 527-20-4307
	14A. FATHER'S NAME Joseph M. Bell		14B. BIRTHPLACE (STATE OR COUNTRY) no record	15A. MOTHER'S MAIDEN NAME Mary M. Boston		15B. BIRTHPLACE (STATE OR COUNTRY) no record
	16. INFORMANT'S SIGNATURE <i>Ruth B. Bruce Glendale</i>			ADDRESS Glendale		
CAUSE OF DEATH OF DEATH ITEM 18)	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, ASTHENIA, 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) Coronary Thrombosis DUE TO (B) DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS 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"/>
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>June 25</u> , 19 <u>62</u> AND THAT DEATH OCCURRED AT <u>5:00AM</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
DEATH DUE TO EXTERNAL VIOLENCE	22A. SIGNATURE <i>[Signature]</i>		22B. ADDRESS Nogales, Ariz	22C. DATE SIGNED 26 June 62		
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE NATURAL CAUSES		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 CERTIFICATION	24A. CORONER'S SIGNATURE <i>[Signature]</i>		24B. ADDRESS Coroner Nogales, Ariz		24C. DATE SIGNED 26 June 62	
	25A. BURIAL (X) CREMATION () REMOVAL ()	25B. DATE 26 June 62	25C. NAME OF CEMETERY OR CREMATORY Nogales Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Nogales, Ariz	
GENERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 26 June 62	26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27B. ADDRESS Nogales, Ariz.
	28A. EMBALMER'S SIGNATURE <i>[Signature]</i>			28B. EMBALMER'S CERT. NO. 114		