

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 21

3547

PLACE OF DEATH AND RESIDENCE X-	1. PLACE OF DEATH A. COUNTY <u>Havajo</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Ariz</u> B. COUNTY <u>Havajo</u>	
	B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <u>Showlow</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE OR TOWN) <u>Pine Top</u>	
DECEDENT PERSONAL DATA 14	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Showlow, Ariz</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>none</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) <u>Lawrence</u> A. (FIRST) B. (MIDDLE) C. (LAST) <u>Adair</u>			4. SEX <u>M</u>
6. MARRIED NEVER MARRIED WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	7. DATE OF BIRTH MONTH <u>5</u> DAY <u>1909</u> YEAR <u>45</u>		B. AGE YEARS MONTHS DAYS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>UNK</u>
	9B. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Ariz</u>	11. CITIZEN OF WHAT COUNTRY? <u>USA</u>	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO. OR UNKNOWN) (IF YES. WAR OR DATES OF SERVICE) <u>No</u>
14A. FATHER'S NAME <u>John W Adair</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	15A. MOTHER'S MAIDEN NAME <u>Cynthia J Denrod</u>	
16. INFORMANT'S SIGNATURE <u>Hollie Adair</u>		ADDRESS <u>Pine Top Ariz</u>	17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 9 1954</u>	13. SOCIAL SECURITY NO. <u>UNK</u>
CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). <u>4201</u>		MEDICAL CERTIFICATION	
	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>CARDIAC FAILURE</u>		INTERVAL BETWEEN ONSET AND DEATH	
*THIS DOES NOT MEAN THE MODE OF DYING. SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.		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"/>			
DEATH DUE TO EXTERNAL VIOLENCE	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)		21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE)	
MEDICAL CORONER'S CERTIFICATION	21E. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____ 19____ TO _____ 19____ THAT I LAST SAW THE DECEASED ALIVE ON _____ 19____ AND THAT DEATH OCCURRED AT _____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
FUNERAL DIRECTOR AND REGISTRAR	23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>Box 511, Showlow</u>	
	23C. DATE SIGNED <u>6-9-54</u>			
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	24B. DATE <u>6-9-54</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Pine Top, Arizona</u>	
	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Holbrook Ariz</u>			
25A. DATE REC'D BY LOCAL REG. <u>7/5/54</u>		25B. REGISTRAR'S SIGNATURE <u>Adele Whipple</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>
		27. ENBALMER'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Winslow</u> CERT. NO. <u>318</u>