

CERTIFICATE OF DEATH

REGISTRAR'S NO. 680

BIRTH NO.

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1. PLACE OF DEATH A. COUNTY Maricopam		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 1 Mo. 1 Mo		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 4109 N. 34th St.			
3. NAME OF DECEASED (TYPE OR PRINT) HOMER		A. (FIRST)		B. (MIDDLE) WADE		C. (LAST) ZELLNER	
4. SEX Male		5. COLOR OR RACE White		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married			
6B. NAME OF SPOUSE Dora Zellner		7. DATE OF BIRTH MONTH DAY YEAR Jan 3 1898		8. AGE (IN YEARS) (LAST BIRTHDAY) 57		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Merchant	
9B. KIND OF BUSINESS OR INDUSTRY Retired		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas		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 None	
13. SOCIAL SECURITY NO. Unknown		14A. FATHER'S NAME William L. Zellner		14B. BIRTHPLACE (STATE OR COUNTRY) Oklahoma		15A. MOTHER'S MAIDEN NAME Bertha Parrish	
15B. BIRTHPLACE (STATE OR COUNTRY) Texas		16. INFORMANT'S SIGNATURE <i>[Signature]</i>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 10 1955		17. DATE OF DEATH (MONTH) (DAY) (YEAR) March 10 1955	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE (A), (B), (C). Uremia		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Uremia DUE TO (B) _____ DUE TO (C) Renal calculi				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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Asthma; Emphysema					
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 10/31 , 19 54 , TO 3/10 , 19 55 , THAT I LAST SAW THE DECEASED ALIVE ON 3/10 , 19 55 , AND THAT DEATH OCCURRED AT 9.45 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE <i>[Signature]</i>		22B. ADDRESS (DEGREE OR TITLE) MD 3543 E. Indian School Rd.				22C. DATE SIGNED 3/16/55	
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		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?			
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE 3/10/55		25C. NAME OF CEMETERY OR CREMATORY		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Buckeye, Arizona	
26A. DATE REC. BY LOCAL REG. 3/21/55		26B. REGISTRAR'S SIGNATURE <i>[Signature]</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		27B. ADDRESS Buckeye, Arizona	