ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4203

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 141

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 2 days; IN ARIZONA: 37 yrs
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside Dist. Hosp.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Chandler — [ ] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Dobson Rd. W. of Chandler

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EMMA B. (MIDDLE) CATHERINE C. (LAST) OPENSHAW

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH — MONTH: Jan DAY: 14 YEAR: 1872
8. AGE (IN YEARS LAST BIRTHDAY): 83
IF UNDER 1 YEAR — MONTHS: DAYS: IF UNDER 24 HRS. — HOURS: MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: No
14A. FATHER'S NAME: Hans Christensen
14B. BIRTHPLACE (STATE OR COUNTRY): Denmark
15A. MOTHER'S MAIDEN NAME: Johanna Marie Poulson
15B. BIRTHPLACE (STATE OR COUNTRY): Denmark
16. INFORMANT'S SIGNATURE: John Openshaw ADDRESS: Chandler, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): July 13, 1955

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) GANGRENE Left Leg — INTERVAL BETWEEN ONSET AND DEATH: 48 HOURS
DUE TO (B) EROSION LEFT FEMORAL ARTERY METASTATIC CARC. — 72 HOURS
DUE TO (C) CARCINOMA OF VULVA — 5 YEARS

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-3, 1954, TO 7-13, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 7-12, 1955, AND THAT DEATH OCCURRED AT 1:10 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: C. J. Goodman, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Chandler, Arizona
22C. DATE SIGNED: 7/14/55

DEATH DUE TO EXTERNAL VIOLENCE
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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED — WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 7/16/55
25C. NAME OF CEMETERY OR CREMATORY: City of Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 7-15-55
26B. REGISTRAR'S SIGNATURE: [signature] Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: Frank Butler
27B. ADDRESS: P. O. BOX 876 CHANDLER, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 70385