ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0958

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 404

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 8yrs — IN ARIZONA: 8yrs
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 343 W. Lynnwood St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 343 W. Lynnwood St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Katherine — B. (MIDDLE) M — C. (LAST) Stuhr

4. SEX: Fe. — 5. COLOR OR RACE: White — 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: William — 7. DATE OF BIRTH: MONTH 11 DAY 12 YEAR 1889 — 8. AGE (IN YEARS LAST BIRTHDAY): 66 — IF UNDER 1 YEAR: MONTHS 3 DAYS — IF UNDER 24 HRS.: HOURS MIN. — 9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Seamstress

9B. KIND OF BUSINESS OR INDUSTRY: Drapery — 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa — 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.: 185-20-7490A

14A. FATHER'S NAME: William H. Whitney — 14B. BIRTHPLACE (STATE OR COUNTRY): Illinois — 15A. MOTHER'S MAIDEN NAME: Jennie Fleck — 15B. BIRTHPLACE (STATE OR COUNTRY): Iowa

16. INFORMANT'S SIGNATURE: Roland Whitney — ADDRESS: 1044 E. Jarvis St., Mesa — 17. DATE OF DEATH: (MONTH) 2 (DAY) 12 (YEAR) 1956

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) of Lung

DUE TO (C)

PLACE DISEASE CONTRACTED.

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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 2, 1955 TO Feb 12, 1956 THAT I LAST SAW THE DECEASED LIVE ON Jan 30, 1956 AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Donald K Buffmire MD — 22B. ADDRESS: 6506 W. Thomas Rd. — 22C. DATE SIGNED: 2/13/56

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 ☒ CREMATION ☐ REMOVAL ☐ — 25B. DATE: 2-14-1956 — 25C. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery — 25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 2/13/56 — 26B. REGISTRAR'S SIGNATURE: Beulah Johnston — 27A. FUNERAL DIRECTOR'S SIGNATURE: Lawrence L. Hartman — 27B. ADDRESS: Sunnyslope Arizona

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