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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2318

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1161

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 32 Yrs; IN ARIZONA 32 Yrs
C. CITY OR TOWN: Phoenix — [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): DOA Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION, RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — Maricopa County
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 337 N. 5th Ave

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CELIA B. (MIDDLE) ANN C. (LAST) BUTLER
4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOW
6B. NAME OF SPOUSE: James M. Butler
7. DATE OF BIRTH: MONTH Unk; DAY ?; YEAR ?
8. AGE (IN YEARS LAST BIRTHDAY): About 71 — 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): UNK
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):
13. SOCIAL SECURITY NO.: Unk
14A. FATHER'S NAME: Unk
14B. BIRTHPLACE (STATE OR COUNTRY): Unk
15A. MOTHER'S MAIDEN NAME: Unk
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE: Personal Papers — ADDRESS:
17. DATE OF DEATH: April (MONTH) 29, (DAY) 1956 (YEAR)

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) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Ht. Dis.
DUE TO (C)
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 ____, 19__, AND THAT DEATH OCCURRED AT 2:31 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED, ON 29 APR 56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__.
22A. SIGNATURE (DECEASED) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): App. Natural
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)
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE: A. J. Flood Coroner
24B. ADDRESS: West Phoenix
24C. DATE SIGNED: 5-1-56

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: May 1, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 5/1/56
26B. REGISTRAR'S SIGNATURE: Burl Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry T. Fonson
27B. ADDRESS: ARIZONA FUNERAL HOME

FORM VS-2 REV. 8-1-53 AMPCO 664 15M 70573

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