ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1809

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 680

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 30 yrs. IN ARIZONA 30 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): 837 N. 5th Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 837 N. 5th Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ] (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) STELLA B. (MIDDLE) TINSLEY C. (LAST) WOODS
4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Sept. DAY 5 YEAR 1888
8. AGE (IN YEARS LAST BIRTHDAY): 68
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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): N. Carolina
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: Unk.
14A. FATHER'S NAME: Marion L. Frisbee
14B. BIRTHPLACE (STATE OR COUNTRY): N. Carolina
15A. MOTHER'S MAIDEN NAME: Anna Clark
15B. BIRTHPLACE (STATE OR COUNTRY): N. Carolina
16. INFORMANT'S SIGNATURE: Mrs. James Eisenhart, (dau) ADDRESS: Same
17. DATE OF DEATH: (MONTH) MARCH (DAY) 4th (YEAR) 1957

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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: eight days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis
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 June 15, 1955, TO March 3, 1957, THAT I LAST SAW THE DECEASED ALIVE ON March 3, 1957, AND THAT DEATH OCCURRED AT 12:23 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John W. Jones, M.D. (DEGREE OR TITLE)
22B. ADDRESS: 694 E. Southern, Phx, Ari.
22C. DATE SIGNED: 3-4-57

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: March 6, 1957
25C. NAME OF CEMETERY OR CREMATORY: Glendale Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 3/5/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Delmar Tammy
28B. EMBALMER'S CERT. NO.: 300

FORM VS-2 REV. 3-15-55 [illegible]

CE OF DEATH 7 17
9 AND 29
L RESIDENCE X-
DECEDENT 3
PERSONAL 3
DATA 68
4
357
332 X
CAUSE OF DEATH (ITEM 18) 0 0
ERATIONS, AUTOPSY 4
MEDICAL TIFICATION 1 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION
UNERAL IRECTOR AND EGISTRAR 85 85 2 30