ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7602

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 20 yrs; IN ARIZONA 30 yrs
C. CITY OR TOWN: TEMPE ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3rd ST, & SP DEPOT

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA COUNTY: MARICOPA
C. CITY OR TOWN: TEMPE ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 302 W 1st ST
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CHESTER B. (MIDDLE) T. C. (LAST) CUMMINGS
4. SEX: MALE
5. COLOR OR RACE: CAUC
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH June DAY 2 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 74
IF UNDER 1 YEAR: MONTHS DAYS; IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED): INDIAN SERVICE
9B. KIND OF BUSINESS OR INDUSTRY: INDIAN SERVICE
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): KENTUCKY
11. CITIZEN OF WHAT COUNTRY? US
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: UNKNOWN
14B. BIRTHPLACE (STATE OR COUNTRY): UNK
15A. MOTHER'S MAIDEN NAME: UNKNOWN
15B. BIRTHPLACE (STATE OR COUNTRY): UNK
16. INFORMANT'S SIGNATURE: MRS. MARY E. MANLEY, GLENDALE, ARIZ. ADDRESS
17. DATE OF DEATH (MONTH) NOVEMBER (DAY) 14, (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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
DUE TO (B)
DUE TO (C)

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

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 ~~I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.~~ On 11-14-57 THAT I LAST SAW THE DECEASED ALIVE ON ....., 19....., AND THAT DEATH OCCURRED AT ..... FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DE) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS Phoenix
22C. DATE SIGNED 11-14-57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): 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) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: Ralph W. Fowler Justice of the Peace, Tempe
24B. ADDRESS: TEMPE, ARIZ.
24C. DATE SIGNED: 11-15-57

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11-16-57
25C. NAME OF CEMETERY OR CREMATORY: DOUBLE BUTTE CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): TEMPE ARIZ.
26A. DATE REC. BY LOCAL REG. 11-18-57
26B. REGISTRAR'S SIGNATURE: L. Lorraine Mynatty
27A. FUNERAL DIRECTOR'S SIGNATURE: CARR MORTUARY
27B. ADDRESS: TEMPE
28. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 218

FORM VS-2 REV. 3-15-55 1

1 37 E OF DEATH AND 37 RESIDENCE X
7 1 3 ECEDENT 74 ERSONAL DATA 7 X 57
42-00 CAUSE OF DEATH (ITEM 18) 0 0
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MEDICAL TIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S TIFICATION 5
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