ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8381

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1625

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY: IN THIS TOWN 64 yrs; IN ARIZONA life
C. CITY OR TOWN: Tucson — IN CITY LIMITS ☒ OUTSIDE CITY LIMITS ☐
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pima County Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN: Tucson — IN CITY LIMITS ☒ OUTSIDE CITY LIMITS ☐
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2819 N Edith
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Margaret B. (MIDDLE) Annetta C. (LAST) Guthrie

4. SEX: Female
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: - - -
7. DATE OF BIRTH: MONTH Dec. DAY 23 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 70 — 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: home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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. 527-10-7329
14A. FATHER'S NAME: James Quinlin
14B. BIRTHPLACE (STATE OR COUNTRY): Maine
15A. MOTHER'S MAIDEN NAME: Anna Haseltine
15B. BIRTHPLACE (STATE OR COUNTRY): Michigan
16. INFORMANT'S SIGNATURE: Lorell Quinlan Guthrie — ADDRESS: Tucson
17. DATE OF DEATH: (MONTH) November (DAY) 10 (YEAR) 1958

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.

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) Coronary Thrombosis
DUE TO (B) Arteriosclerotic Heart Disease
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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 4-8- IN 52 TO 11-10- IN 58, THAT I LAST SAW THE DECEASED ALIVE ON 11-10- IN 58, AND THAT DEATH OCCURRED AT 16:40A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Frank Mear (DEGREE OR TITLE) M.D.
22B. ADDRESS: Pima County Hospital
22C. DATE SIGNED: 11-12-58

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 13/58
25C. NAME OF CEMETERY OR CREMATORY: South Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tucson, Arizona
26A. DATE REC. BY LOCAL REG.: 11-17-58
26B. REGISTRAR'S SIGNATURE: Irene H. Daly — Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Parker-Kerr Mortuary
27B. ADDRESS: Tucson
28. EMBALMER'S SIGNATURE: Dale Charlebert
28B. EMBALMER'S CERT. NO. 368A

FORM VS-2 REV. 3-15-55 (COPY 1)

7 11 CE OF DEATH
3 AND 44 L RESIDENCE
027
5
2
DECEDENT 3
PERSONAL
DATA 70
0
X58
4200 CAUSE
OF
DEATH 0
ITEM 18) 0
ERATIONS, 2
AUTOPSY
MEDICAL 4
TIFICATION 2
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
IFICATION 1
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AND
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