ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8607

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 728

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY (IN THIS TOWN): 2 Days (IN ARIZONA): Life
C. CITY OR TOWN: Globe — [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): Gila General Hospital

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Olive B. (MIDDLE) S. C. (LAST) Thude
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH 9 DAY 26 YEAR 1914
8. AGE (IN YEARS LAST BIRTHDAY): 53 Yrs. 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: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: Unk.
14A. FATHER'S NAME: John Snedden
14B. BIRTHPLACE (STATE OR COUNTRY): Pennsylvania
15A. MOTHER'S MAIDEN NAME: Effie Hundley
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Effie McNail ADDRESS: Miami, Arizona
17. DATE OF DEATH (MONTH) Dec. (DAY) 30, (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(A) Anemia — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO (B) Nephrosclerosis
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: Hypertension

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1949 TO Dec 30 1958, THAT I LAST SAW THE DECEASED ALIVE ON Dec 29, 1958, AND THAT DEATH OCCURRED AT 11:00 am FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): William E. Bishop M.D.
22B. ADDRESS: Box 68 Globe Ariz
22C. DATE SIGNED: 12/30/58

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: Dec. 31, 1958
25C. NAME OF CEMETERY OR CREMATORY: Final Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Miami, Arizona.
26A. DATE REC. BY LOCAL REG.: Jan 3 59
26B. REGISTRAR'S SIGNATURE: Bruce Maurer
27A. FUNERAL DIRECTOR'S SIGNATURE: W. F. Wills
27B. ADDRESS: Miami Ariz
28. EMBALMER'S SIGNATURE: W. F. Wills
28B. EMBALMER'S CERT. NO.: 2414

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