ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0198

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 195

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 1 YR; IN ARIZONA 1 YR
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): MEMORIAL HOSPITAL

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 (IF RURAL, GIVE LOCATION) ADDRESS: 3935 W. GRANADA RD.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CLEO B. (MIDDLE) E. C. (LAST) HUNT
4. SEX: M
5. COLOR OR RACE: CAU C.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: CHARLOTTE M. HUNT
7. DATE OF BIRTH: MONTH 10 DAY 16 YEAR 05
8. AGE (IN YEARS LAST BIRTHDAY): 53 — 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): MINISTER
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): MISSOURI
11. CITIZEN OF WHAT COUNTRY? U. S.
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. 514-07-8893
14A. FATHER'S NAME: WM. T. F. HUNT
14B. BIRTHPLACE (STATE OR COUNTRY): MISSOURI
15A. MOTHER'S MAIDEN NAME: CORDEA RIGGLE
15B. BIRTHPLACE (STATE OR COUNTRY): KANSAS
16. INFORMANT'S SIGNATURE: DONALD HUNT — ADDRESS: PHOENIX
17. DATE OF DEATH: (MONTH) JAN. (DAY) 11 (YEAR) 1959

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) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 months
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) ____ 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 [X] NO [ ]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Dec 31, 1958 TO Jan 11, 1959, THAT I LAST SAW THE DECEASED ALIVE ON Jan 11, 1959 AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert McCulley (DEGREE OR TITLE) M.D.
22B. ADDRESS: 1513 W. Thomas Rd
22C. DATE SIGNED: 1-14-59

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: 1-15-59
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX ARIZONA
26A. DATE REC. BY LOCAL REG.: 1/15/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Albert C. Cawley
27B. ADDRESS: PHOENIX
28A. EMBALMER'S SIGNATURE: Albert C. Cawley
28B. EMBALMER'S CERT. NO.: 26-M

FORM VS-2 REV. 3-15-55 ISM AMPCO 16856

PARADISE CHAPEL AND FUNERAL HOME