

CERTIFICATE OF DEATH

REGISTRAR'S NO.

248

BIRTH NO.

PLACE OF DEATH
AND USUAL RESIDENCE
X

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 7 yrs. IN ARIZONA 7 yrs.		2. USUAL RESIDENCE A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 1942 E. San Miguel				D. STREET (IF RURAL, GIVE LOCATION) 1942 E. San Miguel		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DECEDENT PERSONAL DATA

3. NAME OF DECEASED A. (FIRST) VARIE B. (MIDDLE) CHATFIELD C. (LAST) MARTIN			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 Oct. DAY 21 YEAR 1866	8. AGE (IN YEARS LAST BIRTHDAY) 92	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) At home
9B. KIND OF BUSINESS OR INDUSTRY At home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Indiana	11. CITIZEN OF WHAT COUNTRY? U.S.A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. Unk.		
14A. FATHER'S NAME Sylvester Rhoades		14B. BIRTHPLACE (STATE OR COUNTRY) Unk.	15A. MOTHER'S MAIDEN NAME Arvilla Margaret Carl		15B. BIRTHPLACE (STATE OR COUNTRY) Unk.	
16. INFORMANT'S SIGNATURE Miss Helen Chatfield, (dau)			ADDRESS Saige		17. DATE OF DEATH (MONTH) (DAY) (YEAR) JANUARY 17th, 1959	

CAUSE OF DEATH (ITEM 18)

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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
	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.	(A) Coronary Thrombosis DUE TO (B) Arteriosclerosis Heart Disease 15-20 yrs DUE TO (C) Basal Cell Carcinoma Left Ear	

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Oct 28** TO **1-17**, 19**59**, THAT I LAST SAW THE DECEASED ALIVE ON **1-17**, 19**59**, AND THAT DEATH OCCURRED AT **5:55 a/m** H. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE) W. James Purry, M.D.	22B. ADDRESS 1604A E. Camelback Rd. Phx, Ar	22C. DATE SIGNED Jan. 19, 1959
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DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT OR SUICIDE OR NATURE OF 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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Jan. 20, 1959	25C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 1/19/59	26B. REGISTRAR'S SIGNATURE Burdette J. Lukas	27A. FUNERAL DIRECTOR'S SIGNATURE O. Lee Moore	27B. ADDRESS 333 W. Adams St.
28A. EMBALMER'S SIGNATURE Jose E. Guerrero		28B. EMBALMER'S CERT. NO. 365	

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