ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 1065

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY IN THIS TOWN: 10 YR IN ARIZONA: 10 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 ADDRESS (IF RURAL, GIVE LOCATION): 4905 E. WINDSOR
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RUTH B. (MIDDLE) G. C. (LAST) BENTLEY

4. SEX: F
5. COLOR OR RACE: CAUC.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: FRANK B. BENTLEY
7. DATE OF BIRTH: MONTH 12 DAY 30 YEAR 95
8. AGE (IN YEARS LAST BIRTHDAY): 63 — 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): MILLINERY DESIGN.
9B. KIND OF BUSINESS OR INDUSTRY: CLOTHING
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): IOWA
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE): —
13. SOCIAL SECURITY NO.: unknown
14A. FATHER'S NAME: HARRY TAPLEY
14B. BIRTHPLACE (STATE OR COUNTRY): MASS.
15A. MOTHER'S MAIDEN NAME: UNKN.
15B. BIRTHPLACE (STATE OR COUNTRY): UNKN.
16. INFORMANT'S SIGNATURE: MR. BENTLEY — ADDRESS: PHOENIX
17. DATE OF DEATH: (MONTH) FEBRUARY (DAY) 19 (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*
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

		INTERVAL BETWEEN ONSET AND DEATH
(A)	Burial Thrombosis	1 day.
DUE TO (B)	Septic Ca Pulmonary	2 days.
DUE TO (C)	Chronic Bronchial Asthma	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

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

MEDICAL CERTIFICATION
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-18, 1959 TO 2-19, 1959 THAT I LAST SAW THE DECEASED ALIVE ON 2-19, 1959 AND THAT DEATH OCCURRED AT 9P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Eleanor A. Woodford (DEGREE OR TITLE) M.D.
22B. ADDRESS: 550 W. Thomas Rd
22C. DATE SIGNED: 2-20-59

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 2-23-59
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX ARIZONA
26A. DATE REC. BY LOCAL REG.: 2-23-59
26B. REGISTRAR'S SIGNATURE: Bullis Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Albert C. Carney
27B. ADDRESS: PHOENIX
28A. EMBALMER'S SIGNATURE: Albert C. Carney
28B. EMBALMER'S CERT. NO.: 3607 A

PARADISE CHAPEL AND FUNERAL HOME

FORM VSD-BEV 3-15-55 [illegible] 1 UNIVERSAL CO 1955