

CERTIFICATE OF DEATH

REGISTRAR'S NO. **2193**

BIRTH NO.

27
AGE OF DEATH
AND 02
1 RESIDENCE
0738

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 16yrs IN ARIZONA 16yrs		2. USUAL RESIDENCE A. STATE Arizona	
C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Avondale	
D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa County General Hospital		D. STREET (IF RURAL, GIVE LOCATION) 226 S. 2nd St.		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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3. NAME OF DECEASED (TYPE OR PRINT) FLORA JONES			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 Aug DAY 12 YEAR 81	8. AGE (IN YEARS LAST BIRTHDAY) 77	IF UNDER 1 YEAR MONTHS --- DAYS ---	IF UNDER 24 HRS. HOURS --- MIN. ---
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Tenn	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Potter		14B. BIRTHPLACE (STATE OR COUNTRY) Tenn	15A. MOTHER'S MAIDEN NAME Spence		15B. BIRTHPLACE (STATE OR COUNTRY) Tenn
16. INFORMANT'S SIGNATURE Mrs. Lonnie Craft			ADDRESS 32 S. 1st, Avondale		
17. DATE OF DEATH			(MONTH) JULY	(DAY) 15th	(YEAR) 1959

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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Generalized arteriosclerosis		
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Senility		

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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **Jan. 28th 1959** TO **July 15th 1959** THAT I LAST SAW THE DECEASED ALIVE ON **July 15th 1959** AND THAT DEATH OCCURRED AT **6:36 P. M.** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE Herbert Stuber, M.D.	22B. ADDRESS 3435 W. Durango, Phoenix, Ariz.	22C. DATE SIGNED 7-16-59
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23A. ACCIDENT (SPECIFY) SUICIDE	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?

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24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 7-20-59	25C. NAME OF CEMETERY OR CREMATORY Greenwood	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix-Mar-Arizona
26A. DATE REC. BY LOCAL REG. 7/20/59	26B. REGISTRAR'S SIGNATURE Beverly Johnston	27A. FUNERAL DIRECTOR'S SIGNATURE Don H. Cannon	27B. ADDRESS Avondale
FORM VS-2 REV. 3-15-55 15M APR 60 22509		28A. EMBALMER'S SIGNATURE Don H. Cannon	28B. EMBALMER'S CERT. NO. 337