ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 7629

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3217

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA life
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan Hospital

**2. USUAL RESIDENCE** (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 822 W. Georgia Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) DAVID B. (MIDDLE) J. C. (LAST) STEWART
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Vera A. Stewart
7. DATE OF BIRTH: MONTH Oct DAY 21 YEAR 1889
8. AGE (IN YEARS LAST BIRTHDAY): 70 — IF UNDER 1 YEAR: MONTHS / DATE — IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DOING MOST OF LIFE EVEN IF RETIRED): Owner & Operator
9B. KIND OF BUSINESS OR INDUSTRY: Property rentals
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): Yes — (IF YES, WAR OR DATES OF SERVICE): WWI
13. SOCIAL SECURITY NO.: unk.
14A. FATHER'S NAME: Brigham F. Stewart
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Emma Jepson
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Vera A. Stewart, Phoenix, Arizona
17. DATE OF DEATH: (MONTH) OCTOBER (DAY) 24th, (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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C) Chronic Bronchial Asthma
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Generalized Pulmonary Emphysema

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10/17, 19 59 TO 10/24, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON 10/23, 19 59 AND THAT DEATH OCCURRED AT 6:50 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: R. Hagerman MD (DEGREE OR TITLE)
22B. ADDRESS: 5336 N. 7th Ave. Phx, Ari.
22C. DATE SIGNED: Oct. 24, 1959

**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 ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: Oct 26, 1959
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: 10/26/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: C. Lee Moore
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: James L. Hoffemyer
28B. EMBALMER'S CERT. NO.: 310

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