Punched
Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8262

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 37

1. PLACE OF DEATH
A. COUNTY: Greenlee
B. LENGTH OF STAY IN THIS TOWN: 41 yrs IN ARIZONA: 41 yrs
C. CITY OR TOWN: Duncan
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Madison Street

2. USUAL RESIDENCE (WHERE DECEASED LIVED; IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Greenlee
C. CITY OR TOWN: Duncan
☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Madison Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) EFFIE B. (MIDDLE) VIRGINIA C. (LAST) Chouse
4. SEX: Fe
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): widowed
6B. NAME OF SPOUSE: —
7. DATE OF BIRTH: MONTH Sept DAY 28 YEAR 1884
8. AGE (IN YEARS LAST BIRTHDAY): 74 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: —
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): KANSAS
11. CITIZEN OF WHAT COUNTRY: U.S.A.
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.: 527-22-4450
14A. FATHER'S NAME: Jeremiah H. Horton
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Harriet E. Monjar
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Gilbert Tippetts-Duncan Ariz.
ADDRESS:
17. DATE OF DEATH (MONTH) November (DAY) 8 (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) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

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 ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM DOA, 19__ TO 11/8, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON DOA, 19__ AND THAT DEATH OCCURRED AT Duncan M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): [illegible] M.D.
22B. ADDRESS: Safford Ariz
22C. DATE SIGNED: 11/10/59

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11-11-59
25C. NAME OF CEMETERY OR CREMATORY: Franklin Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Franklin, Ariz.
26A. DATE REC. BY LOCAL REG.: 11-12-59
26B. REGISTRAR'S SIGNATURE: Mrs. Delone N. Smith, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: W. H. Cutbirth
27B. ADDRESS: Safford
28A. EMBALMER'S SIGNATURE: Dale A. Carlstedt
28B. EMBALMER'S CERT. NO.: 368A

FORM VS-2 REV. 3-15-55 15M AMPCO 16858

Cause of Death (Item 18): 0 0 0
Medical Certification: 1
Funeral Director and Registrar: 2