ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8354

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3426

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 14 yrs; IN ARIZONA: 14 yrs
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): 2601 E. Clarendon
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOHN B. (MIDDLE) -------- C. (LAST) HARLACHER

4. SEX: male **5. COLOR OR RACE:** white **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** married

6B. NAME OF SPOUSE: Grace Harlacher
7. DATE OF BIRTH — MONTH: Aug. DAY: 29 YEAR: 1888
8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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): Retired Wholesale gardener
9B. KIND OF BUSINESS OR INDUSTRY: ----
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY?: USA
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.: 342-12-1186
14A. FATHER'S NAME: Ferdinand Harlacher
14B. BIRTHPLACE (STATE OR COUNTRY): Hungary
15A. MOTHER'S MAIDEN NAME: Appelonia Dedeo
15B. BIRTHPLACE (STATE OR COUNTRY): Hungary
16. INFORMANT'S SIGNATURE: Mrs. Grace Harlacher, ADDRESS: 2601 E. Clarendon
17. DATE OF DEATH (MONTH) November (DAY) 11 (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) Malignant Lymphomatosis
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Terminal Pneumonia
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-6, 1959 TO 11-11, 1959 THAT I LAST SAW THE DECEASED ALIVE ON 11-SII, 1959 AND THAT DEATH OCCURRED AT 1:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): R. D. Sheppe M.D.
22B. ADDRESS: 1501 N. 12TH Street
22C. DATE SIGNED: 11/12/59

23A. ACCIDENT (SPECIFY) ☐ SUICIDE ☐ HOMICIDE ☒ NATURAL CAUSE
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: Nov. 13, 1959
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 11/13/59
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: H. Dillingham
27B. ADDRESS: 330 N. 2d Ave., Phx
28A. EMBALMER'S SIGNATURE: H. L. Murphy
28B. EMBALMER'S CERT. NO.: 141-A.

FORM VS-2 REV. 3-15-55 25M AMPCO 26392
Whitney & Murphy Funeral Home, Phoenix

CAUSE OF DEATH (ITEM 18)
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR