ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9375

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3183

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 49 yrs. IN ARIZONA 49 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): St. Joseph 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): 4625 E. Glenrosa Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) RUBY B. (MIDDLE) C. (LAST) WOODMANSEE

4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Sept. DAY 28 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 73 — 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): At home
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Canada
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.: Unk.
14A. FATHER'S NAME: John Anderson
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Susan Campbell
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Mildred Williams, (dau) ADDRESS: Phx, Ari.
17. DATE OF DEATH: DECEMBER (MONTH) 18th, (DAY) 1959 (YEAR)

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) Acute coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary artery disease — 15 years.
DUE TO (C) Generalized arteriosclerosis

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-27, 1937, TO 12-18, 1959, THAT I LAST SAW THE DECEASED ALIVE ON July 14, 1959, AND THAT DEATH OCCURRED AT 11 AM. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert J. Stern M.D. (DEGREE OR TITLE)
22B. ADDRESS: 550 W. Thomas Rd. Phx, Ari.
22C. DATE SIGNED: Dec. 21, 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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec. 22, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 12/22/59
26B. REGISTRAR'S SIGNATURE: Ruth Schuster
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Mason
27B. ADDRESS: 333 W. Adams St.
28A. EMBALMER'S SIGNATURE: Ruth L. Kaner
28B. EMBALMER'S CERT. NO.: 326

FORM VS-2 REV. 2-15-59 FOR AMPCO 26392