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ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 9421

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 107

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 27 yrs. IN ARIZONA 48 yrs.
C. CITY OR TOWN: TEMPE — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): President's Home, A.S.U. Campus

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: TEMPE — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): President's Home, A.S.U. Campus
E. IS RESIDENCE ON A FARM? ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): GRADY
B. (MIDDLE):
C. (LAST): GAMMAGE

4. SEX: MALE
5. COLOR OR RACE: CAU.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: KATHRYN K. GAMMAGE
7. DATE OF BIRTH: MONTH Aug. DAY 5 YEAR 1892
8. AGE (IN YEARS LAST BIRTHDAY): 67
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): UNIVERSITY PRESIDENT
9B. KIND OF BUSINESS OR INDUSTRY: EDUCATION
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): ARKANSAS
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: Thomas M. Gammage
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Elizabeth Greer
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Mrs. Kathryn K. Gammage
ADDRESS: Tempe, Arizona
17. DATE OF DEATH: (MONTH) DECEMBER (DAY) 22, (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) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate
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 June, 1947 TO Dec 22, 1959 THAT I LAST SAW THE DECEASED ALIVE ON Dec. 22, 1959 AND THAT DEATH OCCURRED AT 7:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): M.K. Westmoreland M.D.
22B. ADDRESS: Tempe, Arizona
22C. DATE SIGNED: 12-23-59

DEATH DUE TO EXTERNAL VIOLENCE
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: 12-24-59
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZONA
26A. DATE REC. BY LOCAL REG.: 12-24-59
26B. REGISTRAR'S SIGNATURE: L. Sumner Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: Carr Mortuary
27B. ADDRESS: TEMPE, ARIZONA
28A. EMBALMER'S SIGNATURE: E. Carr
28B. EMBALMER'S CERT. NO. 27

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