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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 2094

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1208

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 12 yrs; IN ARIZONA: 12 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): 817 W. Oregon / Grand Canal

**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): 817 W. Oregon
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) ANN B. (MIDDLE) C. (LAST) CHAMBLISS

4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Charles E. Chambliss
7. DATE OF BIRTH — MONTH: Mar DAY: 17 YEAR: 1909
8. AGE (IN YEARS LAST BIRTHDAY): 51 — 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): Bookeeper
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Oklahoma
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.: 527-38-4748
14A. FATHER'S NAME: James L. Hendricks
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Delilah Sekman
15B. BIRTHPLACE (STATE OR COUNTRY): Kansas
16. INFORMANT'S SIGNATURE: Charles E. Chambliss
ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH (MONTH) March (DAY) 27 (YEAR) 1960

**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) Drowning — INTERVAL BETWEEN ONSET AND DEATH

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 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 ALIVE ON ____ 19__ AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT ON 3/27 TO 19 60 THAT I LAST SAW THE DECEASED ALIVE. I EXAMINED THE BODY OF THE DECEASED.

22A. SIGNATURE (DEC. MARICOPA COUNTY MEDICAL EXAMINER): Lewis Barnes MD
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 3/27/60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Private road
23C. (CITY OR TOWN) Phoenix (COUNTY) Maricopa (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) 3-27-1960 (HOUR) 12:30 PM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Ran car off private road into Canal

24A. CORONER'S SIGNATURE: A Stanley Kimball
24B. ADDRESS: Union Ave Phoenix
24C. DATE SIGNED: 3-28-60

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Mar 30, 1960
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix Arizona

26A. DATE REC. BY LOCAL REG.: 3/29/60
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A Lee Moore
27B. ADDRESS: A.L. Moore & Sons
28A. EMBALMER'S SIGNATURE: John T. Young
28B. EMBALMER'S CERT. NO.: 300

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