

CERTIFICATE OF DEATH

DEATH OF AND RESIDENCE 71 15	BIRTH NO. _____		1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 64 yrs IN ARIZONA 64 yrs		2. USUAL RESIDENCE A. STATE Arizona		REGISTRAR'S NO. 1046 (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Phoenix		D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		C. CITY OR TOWN Phoenix		B. COUNTY Maricopa	
	D. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1001 West Maryland		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1001 West Maryland		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1001 West Maryland		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 1001 West Maryland	
EDENT SONAL ATA 166 6 60	3. NAME OF DECEASED (TYPE OR PRINT) EMILY LOUISE OCHELTREE			4. SEX female		5. COLOR OR RACE white		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married		
	6B. NAME OF SPOUSE Robert L.			7. DATE OF BIRTH MONTH Dec DAY 5 YEAR 1893		8. AGE (IN YEARS) LAST BIRTHDAY 66		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Housewife		
	9B. KIND OF BUSINESS OR INDUSTRY At Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Minnesota		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. _____	
14A. FATHER'S NAME Fortune Haulot		14B. BIRTHPLACE (STATE OR COUNTRY) Belgium		15A. MOTHER'S MAIDEN NAME Marie Chavete		15B. BIRTHPLACE (STATE OR COUNTRY) Minnesota		16. INFORMANT'S SIGNATURE Robert L. Ocheltree, 1001 W. Maryland		
17. DATE OF DEATH (MONTH) March (DAY) 13 (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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Acute Myocardial infarction ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary Artery disease DUE TO (C) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH 8 days DK		
19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6:00 am 60 March 13 1960 THAT I LAST SAW THE DECEASED ALIVE ON March 13 1960 AND THAT DEATH OCCURRED AT 10:15 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE Robert J. Flannery M.D.		22B. ADDRESS 530 W. Thomas Rd		22C. DATE SIGNED 13 March 60		23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) _____		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) _____		
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR? _____		24A. CORONER'S SIGNATURE _____		24B. ADDRESS _____		
24C. DATE SIGNED _____		25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE Mar 16, 1960		25C. NAME OF CEMETERY OR CREMATORY St. Francis		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		
26A. DATE REC. BY LOCAL REG. 3/16/60		26B. REGISTRAR'S SIGNATURE Beulah Johnson		27A. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy		27B. ADDRESS 320 N. 2d Ave., Phx		28A. EMBALMER'S SIGNATURE H. L. Murphy		
28B. EMBALMER'S CERT. NO. 141A-		28C. EMBALMER'S CERT. NO. _____		28D. EMBALMER'S CERT. NO. _____		28E. EMBALMER'S CERT. NO. _____		28F. EMBALMER'S CERT. NO. _____		

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