

PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO.

7462

CERTIFICATE OF DEATH

REGISTRAR'S NO.

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY Cochise

B. LENGTH OF STAY
IN THIS TOWN 41 yrs IN ARIZONA 41 yrs

2. USUAL RESIDENCE

A. STATE Arizona B. COUNTY Cochise

C. CITY OR TOWN Bowie

C. CITY OR TOWN Bowie

D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) HOSPITAL OR INSTITUTION 6 1/2 Blocks South of P. O.

D. STREET (IF RURAL GIVE LOCATION) E. IS RESIDENCE ON A FARM? 6 1/2 Blocks South of P. O. YES NO

3. NAME OF DECEASED A. (FIRST) B. (MIDDLE) C. (LAST)
CARL HOUSTON GRUSENDORF

4. SEX M 5. COLOR OR RACE WHITE 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married

6B. NAME OF SPOUSE Nathalie

7. DATE OF BIRTH MONTH DAY YEAR Aug 24 1905

8. AGE (IN YEARS LAST BIRTHDAY) 56 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) Merchant

9B. KIND OF BUSINESS OR INDUSTRY Lumber

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas

11. CITIZEN OF WHAT COUNTRY? U. S. A.

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. 526-440717

14A. FATHER'S NAME Charles Grusendorf

14B. BIRTHPLACE (STATE OR COUNTRY) Texas

15A. MOTHER'S MAIDEN NAME Stella Sowders

15B. BIRTHPLACE (STATE OR COUNTRY) Texas

16. INFORMANT'S SIGNATURE

ADDRESS Bowie

17. DATE OF DEATH (MONTH) (DAY) (YEAR) September 12 1961

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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

MEDICAL CERTIFICATION

(A) Myocardial Infarction

DUE TO (B) Atherosclerosis

Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

Indeterminate

years

20 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1958 TO death, 1961, THAT I LAST SAW THE DECEASED

ALIVE ON 8/31/61, IS _____, AND THAT DEATH OCCURRED AT 1:00 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE [Signature]

22B. ADDRESS 9701 N. St. Douglas Ariz

22C. DATE SIGNED 9/14/61

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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY

23E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE [Signature]

24B. ADDRESS BOWIE, ARIZ

24C. DATE SIGNED Sept 14 1961

25A. BURIAL CREMATION REMOVAL

25B. DATE 9-14-61

25C. NAME OF CEMETERY OR CREMATORY Desert Rest

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Bowie, Arizona

26A. DATE REC. BY LOCAL REG. 9-15-61

26B. REGISTRAR'S SIGNATURE [Signature]

27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]

27B. ADDRESS Safford

28A. EMBALMER'S SIGNATURE

28B. EMBALMER'S CERT. NO. 368-A

[Signature]

368-A

PLACE OF DEATH AND USUAL RESIDENCE
DECEDENT PERSONAL DATA
OPERATIONS AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR