PUNCHED
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 1186

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 759

CE OF DEATH AND AL RESIDENCE

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 5 yrs. IN ARIZONA: 35 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): Doctors' 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): 4246 North 10th Place
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Charlottie B. (MIDDLE): C. (LAST): Adams
4. SEX: Fe
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Deceased
7. DATE OF BIRTH — MONTH: 1 DAY: 12 YEAR: 1905
8. AGE (IN YEARS LAST BIRTHDAY): 57 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: ——
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.
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. 526-52-5166
14A. FATHER'S NAME: William Bailey Lake
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Sarah Emma Carrol
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Norma Gardner (daughter) ADDRESS:
17. DATE OF DEATH (MONTH): Feb. (DAY): 17 (YEAR): 1962

CAUSE OF DEATH (ITEM 18)

1551
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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) ADENOCARCINOMA PAPILLE OF OVARY, C EXTENSIVE INVASION. — INTERVAL BETWEEN ONSET AND DEATH: ABOUT AUG 1961
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Surgeon: William Schwartz M.D.
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INFLUENZA — DEC. 1961

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION: Sept 4, 1961; Oct. 31, 1961; Nov. 10, 1961
19B. MAJOR FINDINGS OF OPERATION: ADENOCARCINOMA PAPILLE OF OVARY WITH SURROUNDING EXTENSIVE INVASION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Sept 8, 1961 TO Feb. 17, 1962 THAT I LAST SAW THE DECEASED ALIVE ON Feb. 17, 1962 AND THAT DEATH OCCURRED AT 5:20 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): William Schwartz M.D.
22B. ADDRESS: 1150 E. McDowell
22C. DATE SIGNED

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☐ — Burial
25B. DATE: 2-20-1962
25C. NAME OF CEMETERY OR CREMATORY: Lakeside Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Lakeside, Arizona
26A. DATE REC. BY LOCAL REG.: 2/19/62
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Hal Clonts
27B. ADDRESS: Phx
28A. EMBALMER'S SIGNATURE: Hal Clonts
28B. EMBALMER'S CERT. NO. 314

Camelback Chapel

FORM VS-2 REV. 5-0-60 - 30M