ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 4495

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1804

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY — IN THIS TOWN: 1 wk; IN ARIZONA: 34 yrs
C. CITY OR TOWN: PHOENIX — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): PHOENIX GENERAL HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: MARICOPA
C. CITY OR TOWN: TOLLESON — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 112 SOUTH 92th DR
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lydia B. (MIDDLE) PEARL C. (LAST) OGDEN
4. SEX: F
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 3 DAY: 27 YEAR: 1888
8. AGE (IN YEARS LAST BIRTHDAY): 74 — 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): HOUESWIFE
9B. KIND OF BUSINESS OR INDUSTRY: ------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): INDIANA
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.: NO
14A. FATHER'S NAME: HARVEY STEVENS
14B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
15A. MOTHER'S MAIDEN NAME: ROSE MASON
15B. BIRTHPLACE (STATE OR COUNTRY): UNKNOWN
16. INFORMANT'S SIGNATURE — ADDRESS: LEE OGDEN 112 SOUTH 92nd DR. TOLLESON, ARIZONA
17. DATE OF DEATH — (MONTH): 5 (DAY): 13 (YEAR): 62

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) Cardio Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Uremia — days
DUE TO (C) Hepatic-Renal failure Heating Hypertension — few weeks / years

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

446X
CAUSE OF DEATH (ITEM 18) 0

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM May 2, 1962 TO May 13, 1962 THAT I LAST SAW THE DECEASED ALIVE ON May 12, 1962 AND THAT DEATH OCCURRED AT 4:32 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): William C. Stoneburner O.D.
22B. ADDRESS: 100 W Osborn Rd Phoenix
22C. DATE SIGNED: May

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?

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

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 5-15-62
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD MEMORIAL PARK
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX, ARIZONA

26A. DATE REC. BY LOCAL REG.: 5/14/62
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A. L. MOORE & SONS
27B. ADDRESS: PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: Jane S. Stoltzmyer
28B. EMBALMER'S CERT. NO.: 310

FORM VS-2 REV. 5-9-60 - 25M

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RIFIED

E OF DEATH AND L RESIDENCE

ECEDENT ERSONAL DATA

RATIONS, UTOPSY

EDICAL IFICATION

DEATH DUE TO EXTERNAL VIOLENCE

RONER'S IFICATION

UNERAL RECTOR AND GISTRAR