

PUNCHED
VERIFIED
BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 1179

PLACE OF DEATH AND RESIDENCE	1. PLACE OF DEATH A. COUNTY Pima		B. LENGTH OF STAY IN THIS TOWN 5 yrs. IN ARIZONA 5 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Pima	
	C. CITY OR TOWN Tucson		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tucson <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION Tucson Medical Center Hospital				D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 2818 N. Laurel	
IDENTIFICATION DATA	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ELBERT B. (MIDDLE) CHUTE C. (LAST) WEBB			4. SEX M	5. COLOR OR RACE Cau.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Carrie M. Webb		7. DATE OF BIRTH MONTH Apr. DAY 13, YEAR 1890	8. AGE (IN YEARS LAST BIRTHDAY) 74	IF UNDER 1 YEAR MONTHS DAYS 	IF UNDER 24 HRS. HOURS MIN.
	9B. KIND OF BUSINESS OR INDUSTRY Power	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Colorado	11. CITIZEN OF WHAT COUNTRY? USA	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. 553-05-2975
	14A. FATHER'S NAME Joseph Webb		14B. BIRTHPLACE (STATE OR COUNTRY) Canada	15A. MOTHER'S MAIDEN NAME Unk		15B. BIRTHPLACE (STATE OR COUNTRY) Illinois
	16. INFORMANT'S SIGNATURE <i>Carrie M. Webb</i>			ADDRESS Tucson, Arizona		17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 13, 1964
CAUSE OF DEATH	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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
	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.		(A) Meningitis			
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		Generalized arteriosclerotic heart disease			6 weeks
OPERATIONS, OPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM January 6, 1961 TO June 13, 1964 , THAT I LAST SAW THE DECEASED ALIVE ON June 13, 1964 , AND THAT DEATH OCCURRED AT 11:25 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	22A. SIGNATURE <i>Doris R. Hunter</i>	(DEGREE OR TITLE) M. D.	22B. ADDRESS 1638 N. Country Club, Tucson, Ariz.		22C. DATE SIGNED 6/15/64	
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 (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?	
CORONER'S CERTIFICATION	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 6-16-64	25C. NAME OF CEMETERY OR CREMATORY Pearce Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Pearce, Cochise, Arizona	
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCL REG. 6-16-64	26B. REGISTRAR'S SIGNATURE <i>James H. Johnson</i>		27A. FUNERAL DIRECTOR'S SIGNATURE <i>Westlawn Chapel, Benson.</i>		27B. ADDRESS Benson, Arizona
	28A. EMBALMER'S SIGNATURE <i>Debra A. Green</i>			28B. EMBALMER'S CERT. NO. 186		