

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

1285

CERTIFICATE OF DEATH

REGISTRAR'S NO.

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BIRTH NO.

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Phoenix)		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 50yrs. 50yrs.	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2046 N. 9th St.		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2046 N. 9th St.	
3. NAME OF DECEASED A. (FIRST) Maude B. (MIDDLE) E. C. (LAST) Cousins			4. SEX Female
5. COLOR OR RACE White			
6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH Nov DAY 26 YEAR 1884	
8. AGE YEARS 65 MONTHS 3 DAYS 29		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) Missouri	
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. None		14A. FATHER'S NAME James Henry	
14B. BIRTHPLACE (STATE OR COUNTRY) Missouri		15A. MOTHER'S MAIDEN NAME Mary Coffelt	
15B. BIRTHPLACE (STATE OR COUNTRY) unk.		16. INFORMANT'S SIGNATURE Dorothy Wade ADDRESS Phoenix, Ariz.	
17. DATE OF DEATH (MONTH) March (DAY) 25 (YEAR) 1950			
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 CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Diabetes mellitus Arteriosclerosis, renal 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 6 months			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21C. (CITY OR TOWN) (COUNTY) (STATE)			
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR			
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-17 48 TO 3-22- 50 THAT I LAST SAW THE DECEASED ALIVE ON 3-22- 50 AND THAT DEATH OCCURRED AT 2:50A. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE (DEGREE OR TITLE) D. J. [Signature]		23B. ADDRESS 6033 S. Central, Phoenix	
23C. DATE SIGNED 3-25-50			
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE Mar 28, 1950	
24C. NAME OF CEMETERY OR CREMATORY Greenwood		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Ariz.	
25A. DATE REC'D BY LOCAL REG. 3/25/50		25B. REGISTRAR'S SIGNATURE Beulah Johnston	
26. FUNERAL DIRECTOR'S SIGNATURE John T. Young		ADDRESS A. L. MOORE & BOND PHOENIX, ARIZONA	
27. EMBLIMER'S SIGNATURE Robert W. Tracy		CERT. NO. 282	