

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 33

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED.) 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) 9 yrs 33 yrs	
D. FULL NAME OF HOSPITAL OR INSTITUTION St. Monica's Hospital		D. STREET ADDRESS Phoenix, 4421 N. 20th St.	
3. NAME OF DECEASED A. (FIRST) Ollie B. (MIDDLE) Eudora C. (LAST) CAVE			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 11 DAY 2 YEAR 1887	
8. AGE YEARS 63 MONTHS 1 DAYS 28		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED.) housewife	
9B. KIND OF BUSINESS OR INDUSTRY home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	
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 Lochlen B. Murray		14B. BIRTHPLACE (STATE OR COUNTRY) Mississippi	
15A. MOTHER'S MAIDEN NAME Susan McSpadden		15B. BIRTHPLACE (STATE OR COUNTRY) Missouri	
16. INFORMANT'S SIGNATURE Leo A. Cave, 4421 N. 20th St., Phoenix		17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 30, 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 CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) DIABETES MELLITUS INTERVAL BETWEEN ONSET AND DEATH UNKNOWN ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. CIRCULATORY COLLAPSE	
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 12-11 19 50 TO 12-30 19 50 THAT I LAST SAW THE DECEASED ALIVE ON 12-30 19 50 AND THAT DEATH OCCURRED AT 10:10 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE Lam Katz		23B. ADDRESS 802 E. Indian School Rd.	
23C. DATE SIGNED 1/2/51			
24A. BURIAL CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE 1/3/51	
24C. NAME OF CEMETERY OR CREMATORY Double Butte Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona	
25A. DATE REC'D BY LOCAL REG. 1/3/51		25B. REGISTRAR'S SIGNATURE Beulah Johnson	
26. FUNERAL DIRECTOR'S SIGNATURE Fred E. Warren		27. EMBALMER'S SIGNATURE Robert E. Fitzgerald	
ADDRESS Grimshaw Mortuary		ADDRESS 334 WEST MONROE PHOENIX, ARIZONA	
CERT. NO. 203			