

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2680

DEATH EVIDENCE	1. PLACE OF DEATH A. COUNTY Maricopa				2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE Arizona						
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR RURAL) Phoenix - rural		C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 3 1/2 yrs   3 1/2 yrs		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix		B. COUNTY Maricopa				
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) Desert Mission Hosp. 9100 N 3rd St.,				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 207 E. Virginia						
NT VAL A 7 V51	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Ludora			B. (MIDDLE)			C. (LAST) Hinshaw			4. SEX female	5. COLOR OR RACE white
	6. MARRIED - - - - - NEVER MARRIED WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	7. DATE OF BIRTH MONTH DAY YEAR 9 26 1865		8. AGE YEARS MONTHS DAYS 86 2 15		IF UNDER 24 HOURS HOURS MIN.		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). At home			
	9B. KIND OF BUSINESS OR INDUSTRY Home-maker		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hamilton Co., Ind.		11. CITIZEN OF WHAT COUNTRY? U. S. A.		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) NO NO		13. SOCIAL SECURITY NO. None		
	14A. FATHER'S NAME Unknown Chance			14B. BIRTHPLACE (STATE OR COUNTRY) Unknown		15A. MOTHER'S MAIDEN NAME Unknown			15B. BIRTHPLACE (STATE OR COUNTRY) Unknown		
16. INFORMANT'S SIGNATURE Mrs. Irl Pratt, Phoenix, Arizona. (Daughter)				ADDRESS				17. DATE OF DEATH (MONTH) (DAY) (YEAR) December 11 1951			
IE H 18)	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* ARTERIOCLEROTIC HEART DISEASE INTERVAL BETWEEN ONSET AND DEATH 3 YRS										
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.										
ONS, SY	19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
H O IAL ICE	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?					
AL NER'S ATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-6-51 TO 12-11-51, 1951, THAT I LAST SAW THE DECEASED ALIVE ON 12-10-51, 1951 AND THAT DEATH OCCURRED AT 11:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
	23A. SIGNATURE Lee, Euliel M.D.				23B. ADDRESS 1313 N. 2nd St.				23C. DATE SIGNED 12-12-51		
AL OR AR	24A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		24B. DATE 12-13-51		24C. NAME OF CEMETERY OR CREMATORY Friends Cemetery		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Rose Hill, Kansas.				
	25A. DATE REC'D BY LOCAL REG. 12/13/51		25B. REGISTRAR'S SIGNATURE Budak J. Hunter			26. FUNERAL DIRECTOR'S SIGNATURE H. L. Murphy		27. EMBALMER'S SIGNATURE H. L. Murphy			CERT. NO. 148-A