

CERTIFICATE OF DEATH

BIRTH NO. <u>04</u>		REGISTRAR'S NO. <u>59</u>	
1. PLACE OF DEATH A. COUNTY <u>Gila</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Gila</u>	
C. CITY OR TOWN <u>Globe</u>		C. CITY OR TOWN <u>Globe</u>	
D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION <u>Gila General Hospital</u>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>354 S. Hill St.</u>	
3. NAME OF A. (FIRST) <u>Mrs. Nettie</u> B. (MIDDLE) <u>S.</u> C. (LAST) <u>Cunningham</u>		4. SEX <u>female</u>	
6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>widowed</u>		5. COLOR OR RACE <u>white</u>	
7. DATE OF BIRTH MONTH <u>Dec</u> DAY <u>17</u> YEAR <u>1874</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>housewife</u>	
9B. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) *** ** **	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Sedalia, Missouri, U. S. A.</u>		13. SOCIAL SECURITY NO. <u>none</u>	
14A. FATHER'S NAME <u>Samuel Henry Stewart</u>		15A. MOTHER'S MAIDEN NAME <u>Caroline Virginia Garrett</u>	
16. INFORMANT'S SIGNATURE <u>Marrie Lou Harrison</u>		17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>April 15, 1953 at 1:50 p.m.</u>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE: (A), (B), (C). <u>4201</u> *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS. 19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____			
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) <u>Acute cardiac dilatation</u>			
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <u>Granny Robinson</u>			
DUE TO (C) <u>chronic nephritis</u>			
11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT SUICIDE HOMICIDE		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY _____		21F. HOW DID INJURY OCCUR?	
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>April 8</u> 19 <u>53</u> TO <u>April 15</u> 19 <u>53</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>April 15</u> 19 <u>53</u> AND THAT DEATH OCCURRED AT <u>1:50</u> P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
23A. SIGNATURE <u>Edw. A. ...</u>		23B. ADDRESS <u>Globe, Arizona</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>April 18, 1953</u>	
25A. DATE REC'D BY LOCAL REG. <u>4-17-53</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Globe Cemetery</u>	
25B. REGISTRAR'S SIGNATURE <u>James Hambley</u>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Globe, Arizona</u>	
26. FUNERAL DIRECTOR'S SIGNATURE <u>James Hambley</u>		27. EMBALMER'S SIGNATURE <u>James Hambley</u>	
28. ADDRESS <u>248-A</u>		29. ADDRESS <u>248-A</u>	