ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2546

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 940

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 15 yrs. IN ARIZONA: 15 yrs.
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2130 West Durango St. ~~XXX~~

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2130 West Durango St

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Charles B. (MIDDLE) F C. (LAST) HARMSWORTH

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Nannie
7. DATE OF BIRTH — MONTH: Nov DAY: 12 YEAR: 1885
8. AGE (IN YEARS LAST BIRTHDAY): 67 — IF UNDER 1 YEAR: MONTHS / DAYS / HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): farmer
9B. KIND OF BUSINESS OR INDUSTRY: agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U. S. A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): no (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: none
14A. FATHER'S NAME: Charles HARMSWORTH
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Mary CLAYTON
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Mrs. Nannie HARMSWORTH (widow) ADDRESS: 2130 West Durango St.; Phoenix, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 16 (YEAR) 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 153 X
‡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
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Cancer ma of the colon — INTERVAL BETWEEN ONSET AND DEATH: 4 1/2 yr
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
21E. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19__, TO Apr. 16, 19 53 THAT I LAST SAW THE DECEASED ALIVE ON _____, 19 53, AND THAT DEATH OCCURRED AT 11:00 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
28A. SIGNATURE: Shelby Lexell M.D. (DEGREE OR TITLE)
23B. ADDRESS: 25 W. McDowell Rd.; Phx.
23C. DATE SIGNED: 4/ /53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 4/20/53
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 4/20/53
25B. REGISTRAR'S SIGNATURE: Burnes Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Warren
27. EMBALMER'S SIGNATURE: Fred E. Warren
ADDRESS: Grimshaw Mortuary, PHOENIX, ARIZONA
CERT. NO. 340

FORM VS 2 REV. 1-1-53

7 27 E OF DEATH AND 74 L RESIDENCE X — ECEDENT ERSONAL DATA 1 1 167 6 453 — CAUSE OF DEATH (ITEM 18) 6 — ERATIONS, UTOPSY 9 — DEATH DUE TO XTERNAL IOLENCE X — MEDICAL R CORONER'S TIFICATION 6 — UNERAL IRECTOR AND GISTRAR 85 2 115