ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4415

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1659

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 days; IN ARIZONA 5 days
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): Maricopa County Hospital

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): Rt. #5 Box 1247

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) TERRY B. (MIDDLE) Isaac C. (LAST) GUTHRIE

4. SEX: Male **5. COLOR OR RACE:** White **6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY):** Never Married

6B. NAME OF SPOUSE: None

7. DATE OF BIRTH: MONTH July DAY 23 YEAR 1953

8. AGE (IN YEARS LAST BIRTHDAY): IF UNDER 1 YEAR: MONTHS; DAYS 5; IF UNDER 24 HRS.: HOURS; MIN.

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): None

9B. KIND OF BUSINESS OR INDUSTRY:

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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: Leon Isaac Guthrie

14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

15A. MOTHER'S MAIDEN NAME: Nelma Lowe

15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

16. INFORMANT'S SIGNATURE ADDRESS: Leon Isaac Guthrie Father Rt. #5 Box 1247 Phoenix

17. DATE OF DEATH (MONTH) July (DAY) 28 (YEAR) 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 776 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) PREMATURITY

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.

INTERVAL BETWEEN ONSET AND 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 At Autopsy 7-30-53, 19—, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19____, AND THAT DEATH OCCURRED AT 10:17p, FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): George Scharf, M. D.

23B. ADDRESS: Maricopa County Gen. Hosp.

23C. DATE SIGNED: 7-30-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 8-1-53

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.: 7/31/53

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Nussbaum — ADDRESS: Phoenix

27. EMBALMER'S SIGNATURE: Leo C. Nussbaum — CERT. NO. 170

FORM VS 2 REV. 1-1-53

CAUSE OF DEATH AND RESIDENCE 0238

DECEDENT PERSONAL DATA 753

CAUSE OF DEATH (ITEM 18)

OPERATIONS, AUTOPSY

DEATH DUE TO EXTERNAL VIOLENCE

MEDICAL OR CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR