ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF DEATH

STATE FILE NO. 5049 ~~1265~~

REGISTRAR'S NO. 1675

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 19 da. IN ARIZONA: 19 da.
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 General Hosp

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): LARRY B. (MIDDLE): LEON C. (LAST): GUTHRIE

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

6B. NAME OF SPOUSE: ---------

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

8. AGE (IN YEARS LAST BIRTHDAY) — IF UNDER 1 YEAR: MONTHS: DAYS: 19 — IF UNDER 24 HRS.: HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): infant

9B. KIND OF BUSINESS OR INDUSTRY: ----------

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

11. CITIZEN OF WHAT COUNTRY? U.S.

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.: ------

14A. FATHER'S NAME: Leon I. Guthrie

14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

15A. MOTHER'S MAIDEN NAME: Nelma Lowe

15B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma

16. INFORMANT'S SIGNATURE: Leon I. Guthrie ADDRESS: Phoenix

17. DATE OF DEATH (MONTH): August (DAY): 1 (YEAR): 1953

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 7625

‡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) Neonatal apnea — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — MORBID CONDITIONS. IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Prematurity (7 months)

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 July 23, 19 53, TO August 1, 19 53, THAT I LAST SAW THE DECEASED ALIVE ON August 1, 19 53, AND THAT DEATH OCCURRED AT 8:45 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Richard O. Flynn M.D.

23B. ADDRESS: Phoenix, Ariz

23C. DATE SIGNED: 8-3-53

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: Aug. 3, 1953

24C. NAME OF CEMETERY OR CREMATORY: Greenwood

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 8/3/53

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: Paul R. Wiessinger ADDRESS: Phoenix

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

FORM VS 2 REV. 1-1-53

E OF DEATH AND L RESIDENCE 27 74 1238

ECEDENT ERSONAL DATA 1 2 3 10 0 853

CAUSE OF DEATH (ITEM 18) 0 0 0

ERATIONS, UTOPSY 2

DEATH DUE TO TERNAL IOLENCE 1 1

MEDICAL R CORONER'S TIFICATION 1

JNERAL RECTOR AND GISTRAR 85 2 0