

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2897

CERTIFICATE OF DEATH

REGISTRAR'S NO.

51

BIRTH NO.

PLACE OF DEATH AND USUAL RESIDENCE 0238	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 5 yrs 5 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona			
	C. CITY OR TOWN Phoenix		IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS <input checked="" type="checkbox"/>		B. COUNTY Maricopa			
PRECEDENT PERSONAL DATA 179 154	D. FULL NAME OF HOSPITAL OR INSTITUTION MARICOPA COUNTY GENERAL HOSPITAL				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Schmid's Haven of Rest 2107 S. 15th Pl			
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) WILLIAM B. (MIDDLE) ALLEN C. (LAST) AUGHINBAUGH			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		
CAUSE OF DEATH ITEM 18)	6B. NAME OF SPOUSE **		7. DATE OF BIRTH MONTH DAY YEAR Sept 10 1874	8. AGE (IN YEARS LAST BIRTHDAY) 79	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Potter	
	9B. KIND OF BUSINESS OR INDUSTRY Potters	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Jefferson Co, Ohio	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		13. SOCIAL SECURITY NO. 272-01-6156	
	14A. FATHER'S NAME Henry C. Aughinbaugh		14B. BIRTHPLACE (STATE OR COUNTRY) Ohio		15A. MOTHER'S MAIDEN NAME Hannah Calhoun		15B. BIRTHPLACE (STATE OR COUNTRY) Ohio	
OPERATIONS, AUTOPSY	16. INFORMANT'S SIGNATURE Mrs. Winifred Winters			ADDRESS 3246 W. State Ave		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 5 1954		
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 1500 *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 CONTRACTED.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) Myocardial infarction DUE TO (B) Arteriosclerosis 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 24 hours 15 years	
DEATH DUE TO EXTERNAL VIOLENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
	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)			
MEDICAL OR CORONER'S CERTIFICATION	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 4, 1954 TO Jan. 5, 1954 THAT I LAST SAW THE DECEASED ALIVE ON Jan. 5, 1954 , AND THAT DEATH OCCURRED AT 12:10 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				23A. SIGNATURE (DEGREE OR TITLE) Richard D. Flynn		23B. ADDRESS Maricopa Co. Hospital, Phoenix,	
FUNERAL DIRECTOR AND REGISTRAR	23C. DATE SIGNED 1-6-54		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE January 7, 1954		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. 1/7/54		25B. REGISTRAR'S SIGNATURE Bush Johnston		26. FUNERAL DIRECTOR'S SIGNATURE C.A. Rodgers 27. EMBALMER'S SIGNATURE C.A. Rodgers	
						ADDRESS 3307. 2nd Ave. CERT. NO. 355 R.		

Whitney & Murphy Funeral Home, Phoenix