

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 95

7 DATE OF DEATH 1 AND 74 USUAL RESIDENCE 0238	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 41 yrs. IN ARIZONA 41 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa			
	C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS			
	D. FULL NAME OF HOSPITAL OR INSTITUTION Maricopa Co. General Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2304 E Heatherbrae			
PRECEDENT PERSONAL DATA 4 154	3. NAME OF DECEASED (TYPE OR PRINT) LUTHER DOUGHERTY			4. SEX Male	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		
	6B. NAME OF SPOUSE Cora Dougherty		7. DATE OF BIRTH MONTH DAY YEAR Oct. 14 1886	8. AGE (IN YEARS LAST BIRTHDAY) 67	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS MIN.	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Retd. Partner, Chambers	
	9B. KIND OF BUSINESS OR INDUSTRY Transportation	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky	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. 526-05-7944		
	14A. FATHER'S NAME Obediah Dougherty		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	15A. MOTHER'S MAIDEN NAME Frances Taylor		15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky		
16. INFORMANT'S SIGNATURE Mrs. Cora Dougherty (wife)				ADDRESS Same		17. DATE OF DEATH (MONTH) (DAY) (YEAR) January 9 1954		

CAUSE OF DEATH (ITEM 18)	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).) <i>MI</i>	1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH: (A) <i>acute left ventricular failure</i>			INTERVAL BETWEEN ONSET AND DEATH 3 hours
	*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.	2. ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. (B) <i>myocardial infarction</i>			3 hours
		11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (C) <i>Hypertension</i> <i>Anemia</i>			4 years 1 month

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
DEATH DUE TO EXTERNAL VIOLENCE	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?		

MEDICAL OR CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 8, 1954, TO Jan. 9, 1954. THAT I LAST SAW THE DECEASED ALIVE ON Jan. 8, 1954, AND THAT DEATH OCCURRED AT 12:40 a.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
	23A. SIGNATURE Richard O. J. Lynn			23B. ADDRESS Maricopa Co. Hospital, Phoenix		23C. DATE SIGNED 1-11-54
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>			24B. DATE Jan. 12, 1954	24C. NAME OF CEMETERY OR CREMATORY Greenwood Memorial Park	

FUNERAL DIRECTOR AND REGISTRAR	24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25A. DATE REC'D BY LOCAL REG. 1/12/54		25B. REGISTRAR'S SIGNATURE Benajah Johnston	
	26. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27. EMBALMER'S SIGNATURE [Signature]		ADDRESS	
	27. EMBALMER'S SIGNATURE [Signature]		CERT. NO. 300			