

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3552

CERTIFICATE OF DEATH

REGISTRAR'S NO. 19

BIRTH NO.

19 DATE OF DEATH AND 29 PLACE OF RESIDENCE	1. PLACE OF DEATH A. COUNTY <u>Navajo</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 Day</u> IN ARIZONA <u>Life</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u>	
	C. CITY OR TOWN <u>Show Low</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Phoenix</u> <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dr. Armstrongs office</u>				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>1826 N. 16th Ave</u>	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Beth</u>		B. (MIDDLE) <u>Lynnan</u>		C. (LAST) <u>Dodge</u>	

PRECEDENT PERSONAL DATA 171	6B. NAME OF SPOUSE <u>Nettie Dodge</u>		7. DATE OF BIRTH MONTH <u>4</u> DAY <u>3</u> YEAR <u>83</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>71</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>agent</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Tel. com.</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Arizona</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>NO</u>	

CAUSE OF DEATH ITEM 18)	14A. FATHER'S NAME <u>Amassa L. Dodge</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>		15A. MOTHER'S MAIDEN NAME <u>Martha A. Reynolds</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Utah</u>	
	16. INFORMANT'S SIGNATURE <u>Nettie Dodge, Phoenix, Ariz.</u>				17. DATE OF DEATH (MONTH) (DAY) (YEAR) <u>June 12 1954</u>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). †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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>CARDIAC FAILURE</u> DUE TO (B) <u>CORONARY THROMBOSIS</u> DUE TO (C) <u>CORONARY INSUFFICIENCY</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH	

OPERATIONS, AUTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON <u>6-12-54</u> , 19____, AND THAT DEATH OCCURRED AT <u>10:15 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
MEDICAL CERTIFICATION	22A. SIGNATURE (DEGREE OR TITLE) <u>Chas. W. Armstrong, D.O.</u>		22B. ADDRESS <u>Box 517, Show Low, Ariz.</u>		22C. DATE SIGNED <u>6-12-54</u>	
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <u>Natural cause</u>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) <u>Dr's office</u>		23C. (CITY OR TOWN) (COUNTY) (STATE) <u>Show Low Navajo PRIZ.</u>	

DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M _____		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?	
	24A. CORONER'S SIGNATURE <u>Gene H. Lewis Justice of the Peace</u>		24B. ADDRESS <u>Box 66 Show Low Ariz.</u>		24C. DATE SIGNED <u>6-12-54</u>	

FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>		25B. DATE <u>6-13-54</u>		25C. NAME OF CEMETERY OR CREMATORY <u>Phoenix, Ariz.</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Phoenix, Ariz.</u>	
	26A. DATE REC. BY LOCAL REG. <u>6/13/54</u>		26B. REGISTRAR'S SIGNATURE <u>Adela Whipple</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Paul B. Nettie</u>		27B. ADDRESS <u>Springerville, Ariz.</u>	