

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

5609

CERTIFICATE OF DEATH

REGISTRAR'S NO.

2018

BIRTH NO.

17 27
AGE OF DEATH
29 AND 74
USUAL RESIDENCE
11308

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN Life		IN ARIZONA Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS		<input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Phoenix		<input type="checkbox"/> IN CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		E. STREET ADDRESS (IF RURAL, GIVE LOCATION) 3201 W. Holly							

DECEDENT
PERSONAL DATA
161
054

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Elsie			B. (MIDDLE) Margaret			C. (LAST) Carlin			4. SEX Fe.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Fred P. Carlin			7. DATE OF BIRTH MONTH DAY YEAR Dec. 8 1892			8. AGE (IN YEARS LAST BIRTHDAY) 61			IF UNDER 1 YEAR MONTHS DAYS 9 27	IF UNDER 24 HRS. HOURS MIN. Housewife	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED)
9B. KIND OF BUSINESS OR INDUSTRY Own Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona		11. CITIZEN OF WHAT COUNTRY? USA		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. none			
14A. FATHER'S NAME Edward K. Becker			14B. BIRTHPLACE (STATE OR COUNTRY) Unk.			15A. MOTHER'S MAIDEN NAME Eliza Howard			15B. BIRTHPLACE (STATE OR COUNTRY) Ark.		
16. INFORMANT'S SIGNATURE George Carlin						ADDRESS 2501 N. Dayton			17. DATE OF DEATH (MONTH) (DAY) (YEAR) Oct. 5 1954		

CAUSE OF DEATH (ITEM 18) 0

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		MEDICAL CERTIFICATION (A) Metastatic Carcinoma of cervix DUE TO (B) Carcinoma of cervix DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 7	
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OPERATIONS, AUTOPSY 2

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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MEDICAL CERTIFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-1, 1954, TO 10-5, 1954, THAT I LAST SAW THE DECEASED ALIVE ON 10-4, 1954, AND THAT DEATH OCCURRED AT 5 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

DEATH DUE TO EXTERNAL VIOLENCE

22A. SIGNATURE (DEGREE OF TITLE) S. Manner M.D.	22B. ADDRESS 926 E. McDowell	22C. DATE SIGNED 10-5-54
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)	23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) OF INJURY	23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION 1

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
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FUNERAL DIRECTOR AND REGISTRAR 85 2

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE Oct. 7, 1954	25C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona
26A. DATE REC. BY LOCAL REG. 10/6/54	26B. REGISTRAR'S SIGNATURE Beulah Johnston	27A. FUNERAL DIRECTOR'S SIGNATURE A. L. Moore	27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA