

CERTIFICATE OF DEATH

REGISTRAR'S NO. 192

BIRTH NO.

AGE OF DEATH 27
AND 39
RESIDENCE X-

1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 23 yrs. 25 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona		B. COUNTY Maricopa	
C. CITY OR TOWN Tempe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Tempe		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
D. FULL NAME OF HOSPITAL OR INSTITUTION 922 Maple Ave.				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 922 Maple Ave.			

DECEDENT 1
PERSONAL DATA 56
4
804

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) KATHREEN B. (MIDDLE) VIRGINIA C. (LAST) DINGLELINE			4. SEX Female	5. COLOR OR RACE Cau.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Gordon T. Dingleline		7. DATE OF BIRTH MONTH 5 DAY 4 YEAR 1928	8. AGE (IN YEARS LAST BIRTHDAY) 56	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) Housewife
9B. KIND OF BUSINESS OR INDUSTRY Home	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Illinois	11. CITIZEN OF WHAT COUNTRY? U.S.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No	13. SOCIAL SECURITY NO. None		
14A. FATHER'S NAME Benjamin H. Scudder		14B. BIRTHPLACE (STATE OR COUNTRY) Indiana	15A. MOTHER'S MAIDEN NAME Rebecca Mugg		15B. BIRTHPLACE (STATE OR COUNTRY) Indiana	
16. INFORMANT'S SIGNATURE Gordon T. Dingleline Tempe, Arizona			17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 15, 1954			

CAUSE OF DEATH (ITEM 18)

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE PER (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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Causes of Sigmoid DUE TO (B) met. abdominal DUE TO (C) met. toxic		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			7 MTD
PLACE DISEASE CONTRACTED.	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

OPERATIONS, AUTOPSY

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. , 19____, TO Aug 15, 1954 , THAT I LAST SAW THE DECEASED ALIVE ON Aug 15, 1954 AND THAT DEATH OCCURRED AT 4:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE B. J. ... M.D.	22B. ADDRESS Tempe, Arizona	22C. DATE SIGNED 8-15-54

DEATH DUE TO EXTERNAL VIOLENCE

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) 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

24A. CORONER'S SIGNATURE	24B. ADDRESS	24C. DATE SIGNED
--------------------------	--------------	------------------

FUNERAL DIRECTOR AND REGISTRAR 40
2
102

25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	25B. DATE 8-19-54	25C. NAME OF CEMETERY OR CREMATORY Double Butte Cemetery	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Tempe, Arizona
26A. DATE REC. BY LOCAL REG. 8-16-54	26B. REGISTRAR'S SIGNATURE Audrey Stout - deputy	27A. FUNERAL DIRECTOR'S SIGNATURE Lawrence M. ...	27B. ADDRESS Tempe, Arizona