

CERTIFICATE OF DEATH

REGISTRAR'S NO.

4160

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BIRTH NO.		1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>		B. LENGTH OF STAY IN THIS TOWN <b>35 Yrs</b>   IN ARIZONA <b>35 Yrs</b>		2. USUAL RESIDENCE A. STATE <b>Arizona</b>		REGISTRAR'S NO. <b>4160</b>	
C. CITY OR TOWN <b>Phoenix</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>Phoenix</b>		<input type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>130 E. Mariposa Phoenix Ariz.</b>		D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>130 E. Mariposa Phoenix</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>					
3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <b>Arthur</b> B. (MIDDLE) <b>Neukom</b> C. (LAST) <b>Nehf</b>			4. SEX <b>Male</b>		5. COLOR OR RACE <b>White</b>		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		
6B. NAME OF SPOUSE <b>Elizabeth B. Nehf</b>		7. DATE OF BIRTH MONTH <b>7</b> DAY <b>31</b> YEAR <b>1892</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>68</b>		IF UNDER 1 YEAR MONTHS <b></b> DAYS <b></b>		IF UNDER 24 HRS. HOURS <b></b> MIN. <b></b>	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <b>Retired Prof Ball Player</b>		9B. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Indiana</b>		11. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <b>NO</b>	
13. SOCIAL SECURITY NO. <b>UNK.</b>		14A. FATHER'S NAME <b>-----</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>UNK.</b>		15A. MOTHER'S MAIDEN NAME <b>Not Known</b>		15B. BIRTHPLACE (STATE OR COUNTRY) <b>UNK.</b>	
16. INFORMANT'S SIGNATURE <b>Mrs Elizabeth B. Nehf</b>				ADDRESS <b>130 E. Mariposa Phoenix</b>		17. DATE OF DEATH (MONTH) <b>DEC</b> (DAY) <b>18</b> (YEAR) <b>1960</b>			
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, ASTHMA, 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 <b>Dehydration due to Carcinoma of colon with generalized metastasis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b> <b>1 mo</b> <b>6 mo.</b>	
19A. DATE OF OPERATION <b>1-18 + 7-27-60</b>		19B. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>1934</b> TO <b>12-18</b> 19 <b>60</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>12-18</b> 19 <b>60</b> AND THAT DEATH OCCURRED AT <b>10:30 PM</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
22A. SIGNATURE (DEGREE OR TITLE) <b>Edna M. ...</b>				22B. ADDRESS <b>1313 1/2 St Phoenix Ariz</b>		22C. DATE SIGNED <b>12-19-60</b>			
23A. ACCIDENT (SPECIFY) <b>SUICIDE</b>		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?					
24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED			
25A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>12/21/60</b>		25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Crematory</b>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix Arizona</b>			
26A. DATE REC. BY LOCAL REG. <b>12/21/60</b>		26B. REGISTRAR'S SIGNATURE <b>Brenda J. ...</b>		27A. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Moore &amp; Sons</b>		27B. ADDRESS <b>Phoenix Arizona</b>			
28A. EMBALMER'S SIGNATURE <b>H. L. Moore</b>				28B. EMBALMER'S CERT. NO. <b>360A.</b>					