

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2081

1. PLACE OF DEATH A. COUNTY Maricopa	B. LENGTH OF STAY IN THIS TOWN   IN ARIZONA 4 yrs   Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)	
	C. CITY OR TOWN Phoenix		A. STATE Arizona	B. COUNTY Maricopa
	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Maricopa County General Hospital		D. STREET ADDRESS 1025 E. Roosevelt	

3. NAME OF DECEASED (TYPE OR PRINT) BARBARA Shelley LUBBERS	A. (FIRST)	B. (MIDDLE)	C. (LAST)	4. SEX Fe.	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE W. A. Olson	7. DATE OF BIRTH MONTH   DAY   YEAR Jan   14   1921		8. AGE (IN YEARS LAST BIRTHDAY) 34	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) Book Keeper
9B. KIND OF BUSINESS OR INDUSTRY Olson Drug	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. 527-20-1130		

14A. FATHER'S NAME Walter C. Shelley	14B. BIRTHPLACE (STATE OR COUNTRY) Arizona	15A. MOTHER'S MAIDEN NAME Roxie Smith	15B. BIRTHPLACE (STATE OR COUNTRY) Arizona
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16. INFORMANT'S SIGNATURE Mrs. Roxie Shelley	ADDRESS Joseph City, Ariz	17. DATE OF DEATH (MONTH)   (DAY)   (YEAR) September   12   1955
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>Congestive heart failure</u>		?
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. DUE TO (B) <u>Mitral stenosis</u> DUE TO (C) <u>Rheumatic heart disease</u>		30 years

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Sept. 12, 1955</u> TO <u>Sept. 12, 1955</u> , THAT I LAST SAW THE DECEASED ALIVE ON <u>Sept. 12, 1955</u> , AND THAT DEATH OCCURRED AT <u>1:25 p.m.</u> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		
22A. SIGNATURE <u>Paul R. Mayberry</u>	22B. ADDRESS Maricopa Co. Hospital, Phoenix	22C. DATE SIGNED 9-13-55

23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE	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
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25A. BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input checked="" type="checkbox"/>	25B. DATE 9/14/55	25C. NAME OF CEMETERY OR CREMATORY	25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Joseph City, Arizona
26A. DATE REC. BY LOCAL REG. 9/13/55	26B. REGISTRAR'S SIGNATURE <u>Rubiah Johnston</u>	27A. FUNERAL DIRECTOR'S SIGNATURE <u>L.M. Mortensen</u>	27B. ADDRESS Phoenix, Arizona