

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2026

7
17
E. OF DEATH
AND 29
L. RESIDENCE
X

PRECEDENT 1
PERSONAL DATA 175

4201
CAUSE OF DEATH ITEM 18

OPERATIONS, AUTOPSY 2

MEDICAL CERTIFICATION

DEATH DUE TO EXTERNAL VIOLENCE

DRONER'S CERTIFICATION

MUNERAL DIRECTOR AND REGISTRAR 85

43

BIRTH NO.		1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN 43 yrs. IN ARIZONA 43 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
C. CITY OR TOWN Phoenix		D. FULL NAME OF HOSPITAL OR INSTITUTION 1345 E. Bellview		E. STREET ADDRESS 1345 E. Bellview		F. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (TYPE OR PRINT) HANNAH EDELMAN		4. SEX F		5. COLOR OR RACE W		6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
6B. NAME OF SPOUSE Herman Edelman		7. DATE OF BIRTH Nov. 20 1881		8. AGE (IN YEARS LAST BIRTHDAY) 76 7/5		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) House wife	
9B. KIND OF BUSINESS OR INDUSTRY At home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Hungary		11. CITIZEN OF WHAT COUNTRY? U.S.A.		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. Unk.		14A. FATHER'S NAME Morton Tucker		14B. BIRTHPLACE (STATE OR COUNTRY) Hungary		15A. MOTHER'S MAIDEN NAME Pearl Zimmerman	
15B. BIRTHPLACE (STATE OR COUNTRY) Hungary		16. INFORMANT'S SIGNATURE Mr. Herman Edelman, (husb)		17. DATE OF DEATH AUGUST 4th, 1967		18. CAUSE OF DEATH	
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, ASYEMIA, 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) Acute Myocardial Infarction		DUE TO (B) Generalized Arteriosclerosis				1 day	
DUE TO (C) Unknown		II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 13, 1967 , TO May 4, 1967 , AND THAT DEATH OCCURRED AT 4 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.							
22A. SIGNATURE (DEGREE OR TITLE) Samuel R. Joseph, M.D.		22B. ADDRESS 2021 N. Cent Ave, Phx, Ari.		22C. DATE SIGNED Aug. 6, 1967			
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			
25A. BURIAL (BY LOCAL REG.) <input checked="" type="checkbox"/> CREMATION (REMOVAL) <input type="checkbox"/>		25B. DATE August 7, 1967		25C. NAME OF CEMETERY OR CREMATORY Beth Israel Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona	
26A. DATE REC. BY LOCAL REG. 8/6/67		26B. REGISTRAR'S SIGNATURE Boulah Yehuda		27A. MUNICIPAL DIRECTOR'S SIGNATURE Joe Moore		27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA	
28A. EMBALMER'S SIGNATURE Just L. Howe		28B. EMBALMER'S CERT. NO. 326					