

Keys 15-88-14915
 Smithlands Subdiv.
 Lots 14915 Blk 2

AKA		TRIPPLICATE		STATE OF ARIZONA		LAWYERS TITLE INS. CORP.	
FUNERAL DIRECTOR		915280		DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION		7895 BROADWAY	
NAME OF DECEASED		IRENE L. STAHLER		DEATH NO		D 102- MERRILLVILLE, IN 46410	
RACE (e.g. white, black, American Indian, etc.)		4A White		WAS DECEASED OF SPANISH ORIGIN (YES, NO) SPECIFY		B No	
PLACE OF DEATH		6 Maricopa		C HOSPITAL OR INSTITUTION		Good Samaritan Hospital	
DATE OF BIRTH		7. July 12, 1910		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9 Married	
STATE OF BIRTH		11. Wisconsin		CITIZEN OF WHAT COUNTRY?		12. U.S.A.	
USUAL RESIDENCE		15 Arizona		C TOWN OR CITY		Phoenix	
STREET ADDRESS OR R.F.D.		15E. 7120 N. 26th Drive		HOW LONG IN ARIZONA?		16. 10 YEARS	
FATHER'S NAME		18 Richard W. Huffman		MOTHER'S MAIDEN NAME		19 Winfred Cunningham	
INFORMANT'S SIGNATURE		20 for Thomas Stahler		RELATIONSHIP TO DECEASED		21. Husband	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		23 Removal		CEMETERY OR CREMATORY - NAME / LOCATION		22. Calvary Cemetery, New Chicago, IN	
FUNERAL HOME		28 Chapel of the Chimes 7924 N. 59th Ave, Glendale, AZ		FUNERAL DIRECTOR (person acting as such) (SIGNATURE)		29	
CERTIFIER		31 SIGNATURE AND TITLE		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED.	
NAME OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or print)		40		32 DATE SIGNED (Mo., Day, Year)		33:18 P.M.	
DATE REGISTERED		41		REG. FILE NO		42	
MANNER OF DEATH		47		AUTOPSY (Specify yes or no)		48 No	
MEDICAL EXAMINER		50		WAS CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no)		49 No	
FOR STATE REGISTRAR USE		57		MANNER OF DEATH		51	

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

MEDICAL EXAMINER

FOR STATE REGISTRAR USE

FILED

APR 30 1987

Anna M. Antos

1538

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