ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 209

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 208

1. PLACE OF DEATH

A. COUNTY: Maricopa

B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Phoenix

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA: 16days 12 hrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St Joseph's Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE: Arizona

B. COUNTY: Graham.

C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Pima

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): ----------

3. NAME OF DECEASED (TYPE OR PRINT)

A. (FIRST): Joseph Coleman

B. (MIDDLE):

C. (LAST): Norton

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: April 7 1890

8. AGE: 61 YEARS, 9 MONTHS, 14 DAYS

IF UNDER 24 HOURS: HOURS ___ MIN. ___

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Bus Driver

9B. KIND OF BUSINESS OR INDUSTRY: School

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): No (IF YES, WAR OR DATES OF SERVICE)

13. SOCIAL SECURITY NO.: -----

14A. FATHER'S NAME: Joseph Smith Norton

14B. BIRTHPLACE (STATE OR COUNTRY): Utah

15A. MOTHER'S MAIDEN NAME: Annie Boren Follett

15B. BIRTHPLACE (STATE OR COUNTRY): Utah

16. INFORMANT'S SIGNATURE: Kenneth W. Norton ADDRESS: 2218 E. Virginia Phoenix, Arizona

17. DATE OF DEATH (MONTH) (DAY) (YEAR): January 21, 1952

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.

PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH+ (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b) Surgery for Cholecystitis

DUE TO (c) Cholelithiasis + Choledocholithiasis

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Cholecystitis

19A. DATE OF OPERATION: 1-10-52

19B. MAJOR FINDINGS OF OPERATION: Cholelithiasis + Choledocholithiasis

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-5-52 19___ TO 1-21 19 52 THAT I LAST SAW THE DECEASED ALIVE ON 1-21 19 52 AND THAT DEATH OCCURRED AT 11:00 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Frances X Laubner MD

23B. ADDRESS: 608 Prof. Bldg

23C. DATE SIGNED: 1-21-52

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 1-23-52

24C. NAME OF CEMETERY OR CREMATORY: Pima

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona

25A. DATE REC'D BY LOCAL REG.: 1/22/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortenson ADDRESS: Phx Ariz

27. EMBALMER'S SIGNATURE: L. M. Mortenson CERT. NO.: 261

FORM VS 2 REV. [illegible]