ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1077

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 429

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH

A. COUNTY: Maricopa

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

C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA): Few moments Life

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Lateral 17 & Railroad

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

A. STATE: Arizona

B. COUNTY: Maricopa

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

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 622

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Alma B. (MIDDLE) Heap C. (LAST) Sherwood

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH Feb DAY 16 YEAR 1925

8. AGE: YEARS 27 MONTHS 0 DAYS 1

IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Home

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: Byron Heap

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Anona Crosby

15B. BIRTHPLACE (STATE OR COUNTRY): Arizona

16. INFORMANT'S SIGNATURE: Mr. Byron Heap ADDRESS: Box 622 St. Johns, Arizona

17. DATE OF DEATH (MONTH) February (DAY) 17 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

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) Multiple injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b) Auto accident

DUE TO (c) Ye- train

II. OTHER SIGNIFICANT CONDITIONS

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

DEATH DUE TO EXTERNAL VIOLENCE

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

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.) lat. 17 + Sp. tracks

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

21D. TIME OF INJURY (MONTH) 12 (DAY) 17 (YEAR) 52 (HOUR) 1230 AM

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

21F. HOW DID INJURY OCCUR? Auto + train collided

MEDICAL OR CORONER'S CERTIFICATION

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM _____, 19____, TO _____, 19____, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19____, AND THAT DEATH OCCURRED 12:41 AM FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Alf. Flood Coroner

23B. ADDRESS: West Phoenix

23C. DATE SIGNED: 2-19-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE: 2-20-52

24C. NAME OF CEMETERY OR CREMATORY: St John Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 2/19/52

25B. REGISTRAR'S SIGNATURE: Berlinda Johnston

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

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

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