ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1664

CERTIFICATE OF DEATH

REGISTRAR'S NO. 51

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Mesa
C. LENGTH OF STAY IN THIS PLACE: 6Weeks; IN ARIZONA: 64years
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside District Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Gilbert
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Elm and 1st Street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Charles
B. (MIDDLE): Albert
C. (LAST): Angle

4. SEX: Male
5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
7. DATE OF BIRTH: MONTH 11 DAY 19 YEAR 68
8. AGE: YEARS 83 MONTHS 3 DAYS 14
IF UNDER 24 HOURS: HOURS ___ MIN. ___
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): West Virginia
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE): None
13. SOCIAL SECURITY NO. 527-24-7171
14A. FATHER'S NAME: Caleb Angle
14B. BIRTHPLACE (STATE OR COUNTRY): West Virginia
15A. MOTHER'S MAIDEN NAME: Mary Crum
15B. BIRTHPLACE (STATE OR COUNTRY): W.Va.
16. INFORMANT'S SIGNATURE: Mable Angle (Wife)
ADDRESS: Gilbert, Arizona
17. DATE OF DEATH: (MONTH) March (DAY) 3 (YEAR) 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) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 WKS.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO (b) LOBAR PNEUMONIA — 2 MOS.
~~DUE TO~~ (c)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. CARCINOMA OF PROSTATE — UNKNOWN

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
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 DEC. 5 19 51 TO MARCH 3 19 52 THAT I LAST SAW THE DECEASED ALIVE ON MARCH 2 19 52 AND THAT DEATH OCCURRED AT 4:00 A.M. DUE TO THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE: J. Edwin Keppel
(DEGREE OR TITLE): M.D.
23B. ADDRESS: Mesa, Arizona
23C. DATE SIGNED: 3-3-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 3-7-52
24C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
25A. DATE REC'D BY LOCAL REG.: 3-6-52
25B. REGISTRAR'S SIGNATURE: Jean Meldrum
26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary
ADDRESS: Mesa, Arizona
27. EMBALMER'S SIGNATURE: Donald J. Meldrum
CERT. NO.: 345A

FORM VS 2 REV. 2011