ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1710

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) OR TOWN: Rural Chandler Heights
C. LENGTH OF STAY IN THIS PLACE: 23 yrs; IN ARIZONA: 23 yrs
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Chandler Heights Trading Post

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: Chandler Heights - rural
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Chandler Heights Trading Post

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Roger B. (MIDDLE) Stokehill C. (LAST) BINNER

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

7. DATE OF BIRTH: MONTH Aug DAY 16, YEAR 1896

8. AGE: YEARS 55 MONTHS 7 DAYS 2 IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: General Store

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mass.

11. CITIZEN OF WHAT COUNTRY?: USA

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW I

13. SOCIAL SECURITY NO.: 527-14-4522

14A. FATHER'S NAME: Charles S. Binner

14B. BIRTHPLACE (STATE OR COUNTRY): Mass.

15A. MOTHER'S MAIDEN NAME: Stella E. Howard

15B. BIRTHPLACE (STATE OR COUNTRY): Mass.

16. INFORMANT'S SIGNATURE: Theresa Binner, wife ADDRESS: Chandler Heights, Ariz

17. DATE OF DEATH (MONTH) March (DAY) 18, (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) Cor Pulmonale - Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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

DUE TO (b) Pulmonary Tuberculosis — 1927

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Bronchial Asthma. — 20 yrs.

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 12/26, 1951 TO 3/14, 1952 ALIVE ON 3/14, 1952 AND THAT DEATH OCCURRED AT 8:15 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): A. G. Fox M.D.

23B. ADDRESS: Chandler, Arizona.

23C. DATE SIGNED: 3/19/52

24A. BURIAL ☒ **CREMATION** ☐ **REMOVAL** ☐

24B. DATE: Mar. 20, 1952

24C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 3-20-52

25B. REGISTRAR'S SIGNATURE: Deputy Pearl Daugherty R.N.

26. FUNERAL DIRECTOR'S SIGNATURE: Hausner Mortuary, Chandler, Arizona ADDRESS

27. EMBALMER'S SIGNATURE: Jack Hausner CERT. NO 225

290 646

FORM VS 2 REV. 3-50 15M