ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2944

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 115

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 2 days; IN ARIZONA 65 years
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: Phoenix
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 510 N. 42nd Street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Merintha
B. (MIDDLE): Alteria
C. (LAST): Penrod

4. SEX: Female

5. COLOR OR RACE: White

6. MARRIED / NEVER MARRIED / WIDOWED / DIVORCED: ☐ ☐ ☐ ☒

7. DATE OF BIRTH: MONTH 2 DAY 29 YEAR 72

8. AGE: YEARS 80 MONTHS 2 DAYS 22

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: Domestic

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah

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): None

13. SOCIAL SECURITY NO.: None

14A. FATHER'S NAME: Thomas Callaway

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

15A. MOTHER'S MAIDEN NAME: Eliza Newby

15B. BIRTHPLACE (STATE OR COUNTRY): England

16. INFORMANT'S SIGNATURE: Mildred P. Whiting (dau) ADDRESS: Phoenix, Ariz.

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

18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). 43.01

+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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 Minutes

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

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus

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 Feb 4, 1950 TO May 21, 1952 THAT I LAST SAW THE DECEASED ALIVE ON 5-21-52, 19__, AND THAT DEATH OCCURRED AT 1:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE Mark H. Wall (DEGREE OR TITLE) M.D.

23B. ADDRESS: Mesa, Arizona

23C. DATE SIGNED: 5-22-52

24A. BURIAL / CREMATION / REMOVAL: ☒ ☐ ☐

24B. DATE: 5-25-52

24C. NAME OF CEMETERY OR CREMATORY: Pinetop Cemetery

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

25A. DATE REC'D BY LOCAL REG.: 5-24-52

25B. REGISTRAR'S SIGNATURE: [signature]

26. FUNERAL DIRECTOR'S SIGNATURE: Meldrum Mortuary ADDRESS: Mesa, Arizona

27. EMBALMER'S SIGNATURE: Donald J. Meldrum CERT. NO. 345A

FORM VS 2 REV. 20M