ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3525

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1385

PLACE OF DEATH

A. COUNTY: Maricopa

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

C. LENGTH OF STAY IN THIS PLACE: 4 yrs. IN ARIZONA: 4 yrs.

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

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: Box 66, Morristown

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Box 66

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Louis B. (MIDDLE) Z C. (LAST) Mc New.

4. SEX: Male

5. COLOR OR RACE: White

6. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED

7. DATE OF BIRTH: MONTH 10 DAY 11 YEAR 87

8. AGE: YEARS 65 MONTHS 2 DAYS 25

IF UNDER 24 HOURS: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: drilling

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Chicago, Ill.

11. CITIZEN OF WHAT COUNTRY? U. S.

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

13. SOCIAL SECURITY NO. None

14A. FATHER'S NAME: Z. MC NEW

14B. BIRTHPLACE (STATE OR COUNTRY): INDIANA

15A. MOTHER'S MAIDEN NAME: BELLE JONES

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

16. INFORMANT'S SIGNATURE: VA HOSPITAL RECORDS, Phoenix ADDRESS

17. DATE OF DEATH (MONTH) June (DAY) 13 (YEAR) 1952

CAUSE OF DEATH (ITEM 18)

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

*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) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

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

DUE TO (b) Arteriosclerotic heart disease — Indef.

with Calcific aortic stenosis

DUE TO (c) due to rheumatic heart disease — Indef.

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)

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?

MEDICAL (CORONER'S) CERTIFICATION

22. I HEREBY CERTIFY THAT I VA ATTENDED THE DECEASED FROM 5-26-52, 19____ TO 6-13-52, 19____ ~~THAT I SAW THE DECEASED ALIVE ON~~ THAT DEATH OCCURRED AT 5:15 pm FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE B M Lipschultz M.D (DEGREE OR TITLE): B. M. LIPSCHULTZ, MD, Chief Medical Service

23B. ADDRESS: VA Hospital, Phoenix

23C. DATE SIGNED: 6-16-52

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☑

24B. DATE: 6-16-52

24C. NAME OF CEMETERY OR CREMATORY: Wickenburg Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Wickenburg ariz.

25A. DATE REC'D BY LOCAL REG.: 6/16/52

25B. REGISTRAR'S SIGNATURE: Beulah Johnston

26. FUNERAL DIRECTOR'S SIGNATURE: N L Coffinger ADDRESS: Wickenburg ariz.

27. EMBALMER'S SIGNATURE: N L Coffinger CERT. NO.: 1886-A

690 246

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