ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4103

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1538

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 23 yrs. IN ARIZONA 23 yrs.
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Goldenetz Rest Home 1106 E Whitton Phoenix

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5149 E Thomas Rd.

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Emely
B. (MIDDLE): Signa
C. (LAST): Naylor

4. SEX: female
5. COLOR OR RACE: white

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
7. DATE OF BIRTH: MONTH Unknown DAY YEAR 1899
8. AGE (IN YEARS LAST BIRTHDAY): 53
IF UNDER 1 YEAR: MONTHS Unknown DAYS
IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: ———
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Unknown
11. CITIZEN OF WHAT COUNTRY? Unknown
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.: Unknown
14A. FATHER'S NAME: Unknown
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Clifforn Naylor — ADDRESS: 5149 E Thomas Rd. Phoenix
17. DATE OF DEATH: (MONTH) July (DAY) 9 (YEAR) 1952

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 331 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
1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (A) Cerebro-Vascular Accident
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cardiac Failure Secondary to Myocardial Insufficiency +
DUE TO (C) Pulmonary Hypertension Grade III Therapeutic TO
11. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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) Feb. 24, 1952 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 ____, 1952, TO 7-9-, 1952, THAT I LAST SAW THE DECEASED ALIVE ON 7-8-52, 19__, AND THAT DEATH OCCURRED AT approx 4:00 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): J. Allen Gunn Jr.
23B. ADDRESS: 753 E. McDowell Rd.
23C. DATE SIGNED: 7-10-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: 7-14-52
24C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

25A. DATE REC'D BY LOCAL REG.: 7/10/52
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Nussbaum — ADDRESS: Phoenix
27. EMBALMER'S SIGNATURE: Leo C. Nussbaum — Mercer — CERT. NO. 170

FORM VS 2 REV. 4-15-52