ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5283

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 201

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: 6 yrs; IN ARIZONA: 6 yrs

D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside 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: Mesa (Rural)

D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 3, Box 713B47

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) N. C. (LAST) ZDEBIAK

4. SEX: M.

5. COLOR OR RACE: W.

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH: MONTH 5 DAY 24 YEAR 87

8. AGE: YEARS 65 MONTHS 4 DAYS 3

IF UNDER 24 HOURS: HOURS / MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Coal Mines

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Poland

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)

13. SOCIAL SECURITY NO. 528-12-6873

14A. FATHER'S NAME: No record

14B. BIRTHPLACE (STATE OR COUNTRY): Poland

15A. MOTHER'S MAIDEN NAME: Agnes ?

15B. BIRTHPLACE (STATE OR COUNTRY): Poland

16. INFORMANT'S SIGNATURE: Mrs. Sadie Zdebiak ADDRESS: Mesa, Ariz.

17. DATE OF DEATH (MONTH) September (DAY) 27 (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) Coronary Occlusion well

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

DUE TO (b) Myocardial Infarct

DUE TO (c)

II. 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) 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 9-20, 19 52, TO 9-27, 19 52, ALIVE ON 9-26, 19 52, AND THAT DEATH OCCURRED AT 4:27 A.M., FROM THE CAUSES AND ON THE DATE STATED ABOVE.

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

23B. ADDRESS: Mesa, Arizona

23C. DATE SIGNED: 9-27-52

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: 9-29-52

24C. NAME OF CEMETERY OR CREMATORY: Mesa cemetery

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

25A. DATE REC'D BY LOCAL REG.: 9-28-52

25B. REGISTRAR'S SIGNATURE: [illegible]

26. FUNERAL DIRECTOR'S SIGNATURE: M. L. Gibbons Mortuary ADDRESS: Mesa, Ariz.

27. EMBALMER'S SIGNATURE: William D. Johnson CERT. NO. 331

FORM VS 2 REV. 2011

CE OF DEATH
AND
AL RESIDENCE

ECEDENT
PERSONAL
DATA

CAUSE
OF
DEATH
(ITEM 18)

ERATIONS,
AUTOPSY

DEATH
DUE TO
XTERNAL
IOLENCE

MEDICAL
CORONER'S
TIFICATION

FUNERAL
DIRECTOR
AND
EGISTRAR

50216