ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1041

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 24

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 2 yrs. IN ARIZONA 30 yrs.
C. CITY OR TOWN: Glendale ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Evans Rest Home 5255 N. 43 Ave.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Scottsdale ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 209 W. Indian School Rd.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Samuel B. (MIDDLE) Calhoun C. (LAST) Christian

4. SEX: M

5. COLOR OR RACE: W

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Mary Rosetta Christian

7. DATE OF BIRTH: MONTH Sept. DAY 2 YEAR 1966

8. AGE (IN YEARS LAST BIRTHDAY): 88 IF UNDER 1 YEAR: MONTHS DAYS IF UNDER 24 HRS.: HOURS MIN.

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

9B. KIND OF BUSINESS OR INDUSTRY: Farming

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

11. CITIZEN OF WHAT COUNTRY? U.S.A.

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.: Unk.

14A. FATHER'S NAME: Unk.

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

15A. MOTHER'S MAIDEN NAME: Unk.

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

16. INFORMANT'S SIGNATURE: Mrs. Mary R. Christian (wife) ADDRESS: Same

17. DATE OF DEATH (MONTH) February (DAY) 18 (YEAR) 1955

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

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

DUE TO (B) Hypertensive Heart Dis. — 10 days

DUE TO (C)

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

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb. 16, 1955, TO Feb. 18, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 2-16, 1955, AND THAT DEATH OCCURRED AT 4:00 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Grace D Hart M.D.

22B. ADDRESS: 1645 E. Monticello, Phoenix

22C. DATE SIGNED: Feb. 19, 1955

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY):

23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.):

23C. (CITY OR TOWN) (COUNTY) (STATE)

23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE:

24B. ADDRESS:

24C. DATE SIGNED:

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

25B. DATE: Feb. 22, 1955

25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 2-21-55

26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy

27A. FUNERAL DIRECTOR'S SIGNATURE: A. L. Moore

27B. ADDRESS: A. L. MOORE & SONS PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 70385