Dr. Heap

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2042

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 25

2. 62
CE OF DEATH
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AL RESIDENCE
0207

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY: IN THIS TOWN 1 Year; IN ARIZONA 1 Year
C. CITY OR TOWN: Florence
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Prison

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: New Mexico
B. COUNTY: Bernallio
C. CITY OR TOWN: Albuqurque
☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 324 N. 4 Street

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Carl; B. (MIDDLE) James; C. (LAST) Folk
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

1
ECEDENT 1
PERSONAL DATA 156
4
355

6B. NAME OF SPOUSE: Mary Folk
7. DATE OF BIRTH: MONTH Sept. DAY 30 YEAR 1898
8. AGE (IN YEARS LAST BIRTHDAY): 56
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): Carnival Owner
9B. KIND OF BUSINESS OR INDUSTRY: Show
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Fairburg, Ill.
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.: None
14A. FATHER'S NAME: Perry Folk
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Celia James
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri

16. INFORMANT'S SIGNATURE: Mary Folk, Florence, Ariz. ADDRESS: Gen. Del.
17. DATE OF DEATH: March (MONTH) 4 (DAY) 1955 (YEAR)

CAUSE OF DEATH (ITEM 18) 0 6

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A) (B) X (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) Hydrogen Cyanide Inhalation
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) at Gas Chamber
DUE TO (C) Arizona State Prison
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
INTERVAL BETWEEN ONSET AND DEATH

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

MEDICAL CERTIFICATION 1

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2-18, 1954, TO 3-4, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 3-4, 1955 AND THAT DEATH OCCURRED AT 5:03 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): E. L. Heap M.D.
22B. ADDRESS: Florence, Arizona
22C. DATE SIGNED: 3-10-55

DEATH DUE TO EXTERNAL VIOLENCE

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?

CORONER'S CERTIFICATION 1

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR 74 2 101

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/4/55
25C. NAME OF CEMETERY OR CREMATORY: Florence Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Florence, Arizona
26A. DATE REC. BY LOCAL REG.: 3-31-55
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary George Grammellis 2721
27B. ADDRESS: Florence, Ariz.

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