ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3197

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 616

1. PLACE OF DEATH
A. COUNTY: Pima
B. LENGTH OF STAY — IN THIS TOWN: 11 wks; IN ARIZONA: 7 Yrs
C. CITY OR TOWN: Tucson — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): St. Mary's Hospital

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): 3810 East Glenrosa

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) VANADA B. (MIDDLE) C. (LAST) BEALS

4. SEX: Fe. | 5. COLOR OR RACE: White | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Kenneth

7. DATE OF BIRTH: MONTH 9 DAY 3 YEAR 28

8. AGE (IN YEARS LAST BIRTHDAY): 26 — 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): Housewife

9B. KIND OF BUSINESS OR INDUSTRY: Home

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas

11. CITIZEN OF WHAT COUNTRY? U.S.

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

13. SOCIAL SECURITY NO.: —

14A. FATHER'S NAME: Charlie Moore

14B. BIRTHPLACE (STATE OR COUNTRY): Texas

15A. MOTHER'S MAIDEN NAME: Laura Duncan

15B. BIRTHPLACE (STATE OR COUNTRY): Texas

16. INFORMANT'S SIGNATURE: Kenneth Beals — ADDRESS: Phoenix, Arizona

17. DATE OF DEATH: (MONTH) MAY (DAY) 23, (YEAR) 1955

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Pulmonary edema; atelectasis
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Generalized peritonitis
DUE TO (C) Perforated duodenal ulcer

INTERVAL BETWEEN ONSET AND DEATH

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 March 1, 1955 TO May 23, 1955, THAT I LAST SAW THE DECEASED ALIVE ON May 23, 1955, AND THAT DEATH OCCURRED AT 8:15 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): M.D. — 22B. ADDRESS: Tucson, Ariz — 22C. DATE SIGNED: 5-23-55

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 5-23-55
25C. NAME OF CEMETERY OR CREMATORY: —
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: 5-23-55
26B. REGISTRAR'S SIGNATURE: Jerome H. Odem
27A. FUNERAL DIRECTOR'S SIGNATURE: Verna E. Locum
27B. ADDRESS: Arizona Mortuary, Tucson, Arizona

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573