

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 122

PLACE OF DEATH LAND AND RESIDENCE 27 24 0323	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA Life Life		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona		
	C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Southside District Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 421 West Clark Street		
PRECEDENT PERSONAL DATA 2 310 655	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) GLEND A BRENDA B. (MIDDLE) JOYCE C. (LAST) West			4. SEX Female	5. COLOR OR RACE White	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Never married	
	6B. NAME OF SPOUSE None		7. DATE OF BIRTH MONTH 6 DAY 9 YEAR 55	8. AGE (IN YEARS LAST BIRTHDAY) ---	IF UNDER 1 YEAR MONTHS --- DAYS 10	IF UNDER 24 HRS. HOURS --- MIN. ---	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) None (Infant)
	9B. KIND OF BUSINESS OR INDUSTRY None	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Arizona	11. CITIZEN OF WHAT COUNTRY? United States		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. None
14A. FATHER'S NAME Glenn Reed West		14B. BIRTHPLACE (STATE OR COUNTRY) Arizona		15A. MOTHER'S MAIDEN NAME Joyce Huber		15B. BIRTHPLACE (STATE OR COUNTRY) Arizona	
16. INFORMANT'S SIGNATURE Glenn Reed West (father)				17. DATE OF DEATH (MONTH) (DAY) (YEAR) June 18 1955			
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 114 X THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Prematurity. DUE TO (B) DUE TO (C)			INTERVAL BETWEEN ONSET AND DEATH 9 days.	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Circulatory collapse with right heart failure						
	PLACE DISEASE CONTRACTED.						
OPERATIONS, AUTOPSY	19A. DATE OF OPERATION 19 June 55	19B. MAJOR FINDINGS OF OPERATION Right heart dilatation and failure, congestion of liver and spleen.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-9-55 , 19___, TO 6-18-55 , 19___, THAT I LAST SAW THE DECEASED ALIVE ON 6-18-55 , 19___, AND THAT DEATH OCCURRED AT 10:40 a.						
MEDICAL CERTIFICATION	22A. SIGNATURE Dred E Ewart		22B. ADDRESS Mesa, Arizona		22C. DATE SIGNED 6-20-55		
	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)		
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?		
	24A. CORONER'S SIGNATURE			24B. ADDRESS		24C. DATE SIGNED	
FUNERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 6-20-55	25C. NAME OF CEMETERY OR CREMATORY Mesa city cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona	
	26A. DATE REC. BY LOCAL REG. 6-20-55		26B. REGISTRAR'S SIGNATURE Glenn Meldrum Dep.		27A. FUNERAL DIRECTOR'S SIGNATURE Glenn Meldrum		27B. ADDRESS MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.