

CERTIFICATE OF DEATH

REGISTRAR'S NO. **180**

77 OF DEATH AND 24 RESIDENCE	1. PLACE OF DEATH A. COUNTY Mari copa		B. LENGTH OF STAY IN THIS TOWN 17 yrs IN ARIZONA 17 yrs		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION; RESIDENCE BEFORE ADMISSION)			
	C. CITY OR TOWN Mesa		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		A. STATE Arizona B. COUNTY Mari copa			
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2 Temple Court				C. CITY OR TOWN Mesa <input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
					D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 2 Temple Court			
CEDENT PERSONAL DATA 172	3. NAME OF DECEASED (TYPE OR PRINT) Wayne		A. (FIRST)	B. (MIDDLE) R.	C. (LAST) HINSHAW	4. SEX M.	5. COLOR OR RACE W.	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
	6B. NAME OF SPOUSE Hettie		7. DATE OF BIRTH MONTH 7 DAY 9 YEAR 83	8. AGE (IN YEARS LAST BIRTHDAY) 72	IF UNDER 1 YEAR MONTHS	IF UNDER 24 HRS. HOURS	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Ret. Maint. Man.	
	9B. KIND OF BUSINESS OR INDUSTRY Produce Co.	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	11. CITIZEN OF WHAT COUNTRY? USA		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 Orlando Hinshaw		14B. BIRTHPLACE (STATE OR COUNTRY) Ill.		15A. MOTHER'S MAIDEN NAME Sarah Fleetwood		15B. BIRTHPLACE (STATE OR COUNTRY) Mo.	
CAUSE OF DEATH EM 18) 0	16. INFORMANT'S SIGNATURE Mrs. Hettie Hinshaw		ADDRESS Mesa, Ariz.		17. DATE OF DEATH (MONTH) (DAY) (YEAR) August 31 1955			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). 18-3X ‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ‡ (A) Coronaritis ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary of Rlung DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 12-21-53	
	PLACE DISEASE CONTRACTED.		II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					
	19A. DATE OF OPERATION 2-17-54		19B. MAJOR FINDINGS OF OPERATION Coronary of Rlung				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-21-53 TO 8-31-55 , AND THAT DEATH OCCURRED AT 7:50A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. ALIVE ON 8-31 19 55							
	22A. SIGNATURE W. P. Johnson (DEGREE OR TITLE) M. D.			22B. ADDRESS Mesa, Arizona			22C. DATE SIGNED 8-31-55	
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY M		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
CORONER'S CERTIFICATION	24A. CORONER'S SIGNATURE				24B. ADDRESS		24C. DATE SIGNED	
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 9-2-55	25C. NAME OF CEMETERY OR CREMATORY Mesa cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona		
FUNERAL DIRECTOR AND REGISTRAR	26A. DATE REC. BY LOCAL REG. 9-2-55		26B. REGISTRAR'S SIGNATURE Abner Mellem		27A. FUNERAL DIRECTOR'S SIGNATURE William D. Johnson		27B. ADDRESS M. L. GIBBONS MORTUARY MESA, ARIZONA	