ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4918

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1966

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY — IN THIS TOWN 1 yr. IN ARIZONA 1 yr.
C. CITY OR TOWN Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Hilton's Rest Home

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) 1708 E. Bethany Home Rd.

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ROBERT B. (MIDDLE) HAMILTON C. (LAST) HARDAWAY

4. SEX M | 5. COLOR OR RACE W | 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

6B. NAME OF SPOUSE Melba L. Hardaway | 7. DATE OF BIRTH MONTH May DAY 30 YEAR 1883 | 8. AGE (IN YEARS LAST BIRTHDAY) 71 | 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. Actor

9B. KIND OF BUSINESS OR INDUSTRY Theatre | 10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Georgia | 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 Richard Hardaway | 14B. BIRTHPLACE (STATE OR COUNTRY) Georgia | 15A. MOTHER'S MAIDEN NAME Marg Hamilton | 15B. BIRTHPLACE (STATE OR COUNTRY) Georgia

16. INFORMANT'S SIGNATURE Mr. John M. Hardaway, (son) ADDRESS Same | 17. DATE OF DEATH (MONTH) AUGUST (DAY) 22 (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) Coronary Thrombosis
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension —
DUE TO (C) Arteriosclerosis advanced —
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 10, 1955 TO Aug 22, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Aug 22nd 1955, AND THAT DEATH OCCURRED AT 9:35 am M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE R. J. Stoll (DEGREE OR TITLE) M.D. | 22B. ADDRESS 801 N. 2nd Ave. Phoenix, Ari | 22C. DATE SIGNED Aug. 23, 1955

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 Aug. 29, 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. 8/26/55 | 26B. REGISTRAR'S SIGNATURE Beulah Johnston | 27A. FUNERAL DIRECTOR'S SIGNATURE O. Lee Moore | 27B. ADDRESS A. L. MOORE & SONS PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 77595