ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5527

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 203

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 43 yrs. IN ARIZONA 43 yrs.
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): John C. Lincoln 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): 2211 W. Washington St.

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

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Lillian Parson Bartlett
7. DATE OF BIRTH: MONTH Apr. DAY 1 YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 72
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): Sec. Lodge #2 F&AM
9B. KIND OF BUSINESS OR INDUSTRY: Masonic Lodge
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mass.
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: Garner O. Bartlett
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: ---- Whelan
15B. BIRTHPLACE (STATE OR COUNTRY): Mass.
16. INFORMANT'S SIGNATURE: Mrs. Lillian Parson Bartlett, (wife) ADDRESS: Same
17. DATE OF DEATH: (MONTH) SEPTEMBER (DAY) 28 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral Hemorrh.
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive CVD
DUE TO (C)
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 7 July, 1955 TO 28 Sept, 1955, THAT I LAST SAW THE DECEASED ALIVE ON 28 Sept, 1955, AND THAT DEATH OCCURRED AT 6:50 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Donald C. Moreton (DEGREE OR TITLE) M.D.
22B. ADDRESS: 3522 N. 3rd St. Phoenix, Ari
22C. DATE SIGNED: Sept/ 28, 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: Sept. 30, 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.: 9/29/55
26B. REGISTRAR'S SIGNATURE: Beulah Jackson
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