ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5996

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 23205

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 32 yrs. IN ARIZONA 32 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): Veterans Administration 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): 21 E. Hidalgo

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): FREDDIE
B. (MIDDLE): H.
C. (LAST): GLENN

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Annie Glenn
7. DATE OF BIRTH: MONTH 7 DAY 11 YEAR 93
8. AGE (IN YEARS LAST BIRTHDAY): 62
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): Carpenter- Retd.
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes
(IF YES, WAR OR DATES OF SERVICE): WW I
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: Daniel H. Glenn
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Mellie Hollingshead
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE AND ADDRESS: VA Hospital Records, Phoenix, Arizona
17. DATE OF DEATH: (MONTH) OCTOBER (DAY) 14 (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 Hemorrhage, site undetermined — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertension, arterial — 5 years
DUE TO (C) - - - -
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 / VA ATTENDED THE DECEASED FROM 10-13, 19 55, TO 10-14, 19 55, ~~THAT I SAW THE DECEASED AFTER DEATH~~ AND THAT DEATH OCCURRED AT 4:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): S R Kates — S.R.KATES, M.D., Acting Chief, Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Arizona
22C. DATE SIGNED: 10-14-55

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: Oct. 17, 1955
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10/17/55
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 27595