ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6856

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2563

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 20 yrs; IN ARIZONA 55 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): 2001 N. 51st St.

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): 2001 N. 51st St.

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Frances B. (MIDDLE) Emeline C. (LAST) Westbrook

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: --------
7. DATE OF BIRTH: MONTH 6 DAY 26 YEAR 83
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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.: None
14A. FATHER'S NAME: James Henry Barney[illegible]ook
14B. BIRTHPLACE (STATE OR COUNTRY): Iowa
15A. MOTHER'S MAIDEN NAME: Emily Talton
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Chad Westbrook ADDRESS: 2001 N.51st St., Scottsdale
17. DATE OF DEATH: (MONTH) November (DAY) 14 (YEAR) 1955

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

ENTER ONLY ONE CAUSE PER LINE FOR (A), (B) AND (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‡ (A) Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: one hour

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Decompensated Hypertensive Heart Disease. — years
DUE TO (C) Arteriosclerosis. — years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: recent surgery for acute strangulated hernia. — Two weeks

19A. DATE OF OPERATION: 10-31-55
19B. MAJOR FINDINGS OF OPERATION: An incarcerated right femoral hernia
20. AUTOPSY? YES ☐ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 4-19-55 19__, TO 11-14-55, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 11-14-55, 19__, AND THAT DEATH OCCURRED AT 1:05 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Bernard Vaughn D.O. (DEGREE OR TITLE)
22B. ADDRESS: Scottsdale, Arizona
22C. DATE SIGNED: 11-15-55

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?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11/19/55
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 11/17/55
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Martinsen
27B. ADDRESS: Phoenix, Arizona

FORM VS-2 REV. 6-1-53 [illegible] AMPCO 7595