ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7224

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2846

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 14 days; IN ARIZONA: 11 yrs
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Good Samaritan

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 9 Frazier Dr. East

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Rose
B. (MIDDLE): Bunker
C. (LAST): Brimley

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: J. Clyde
7. DATE OF BIRTH — MONTH: 8 DAY: 31 YEAR: 08
8. AGE (IN YEARS LAST BIRTHDAY): 47
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: Own home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
11. CITIZEN OF WHAT COUNTRY? United States
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: Francis Bunker Sr.
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Evelyn Cox
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: J. Clyde Brimley (hus) ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) (DAY) (YEAR): December 21, 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) Respiratory paralysis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Thrombosis, left middle cerebral 2 weeks.
DUE TO (C) progressive
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. (Brain Tumor suspect)

19A. DATE OF OPERATION: 12/21/55
19B. MAJOR FINDINGS OF OPERATION: Carotid Arteriogram - Thrombosis anterior parietal branch, left
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12/20/55, 19__, TO 12-21-, 19 55, THAT I LAST SAW THE DECEASED ALIVE ON 12-21-55, 19__, AND THAT DEATH OCCURRED AT 6:30 PM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: John R Green (DEGREE OR TITLE): M.D.
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 12-22-55

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 [X]
25B. DATE: 12-24-55
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Salt Lake City, Utah
26A. DATE REC. BY LOCAL REG.: 12/22/55
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Jess Meldrum
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 17595