ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1857

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 844

**1. PLACE OF DEATH**
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 3½ yrs; IN ARIZONA: 3½ 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): 48 W. Northern

**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): 48 W. Northern

**3. NAME OF DECEASED** (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) F. C. (LAST) Keiper

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruth C. Keiper
7. DATE OF BIRTH — MONTH: June DAY: 13 YEAR: 1886
8. AGE (IN YEARS LAST BIRTHDAY): 69 — 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): Machinist
9B. KIND OF BUSINESS OR INDUSTRY: Iron works
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Penna.
11. CITIZEN OF WHAT COUNTRY? USA
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.: yes
14A. FATHER'S NAME: Henry A. Keiper
14B. BIRTHPLACE (STATE OR COUNTRY): Penna.
15A. MOTHER'S MAIDEN NAME: Louisa Lindecker
15B. BIRTHPLACE (STATE OR COUNTRY): Penna.
16. INFORMANT'S SIGNATURE: Mrs. Ruth C. Keiper — ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH — (MONTH): March (DAY): 29 (YEAR): 1956

**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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Coronary Insufficiency

DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Cancer of Spine

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1/3/56, 19__, TO 3/29, 1956 THAT I LAST SAW THE DECEASED ALIVE ON 3/29, 1956, AND THAT DEATH OCCURRED AT 10:50P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Charles F. Walton, M.D. (DEGREE OR TITLE)
22B. ADDRESS: 344 E. Camelback, Phoenix
22C. DATE SIGNED

**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: April 2, 1956
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 3/30/56
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-55 — AMPCO 77595