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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2484

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 109

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 73 yrs; IN ARIZONA 73 yrs
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mesa Osteopathic Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 649 North Robson

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): William B. (MIDDLE): Franklin C. (LAST): Openshaw

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Eliza Marie
7. DATE OF BIRTH: MONTH 9 DAY 24 YEAR 69
8. AGE (IN YEARS LAST BIRTHDAY): 86
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): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Self
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
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: Samuel Openshaw
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Ester Johnson
15B. BIRTHPLACE (STATE OR COUNTRY): Iowa
16. INFORMANT'S SIGNATURE: Eliza M. Openshaw (wife) ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) April (DAY) 17 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Acute Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: sudden
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Thrombosis & Myocardial Infarction — 36 hours
DUE TO (C) Arteriosclerosis — years
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 ATTENDED THE DECEASED FROM 10-31, 1953, TO 4-17-56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4-17-56, 19__, AND THAT DEATH OCCURRED AT 7:40 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): D.O.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 4-19-56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT (SPECIFY) / SUICIDE / HOMICIDE / NATURAL CAUSE
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: 4-20-56
25C. NAME OF CEMETERY OR CREMATORY: Mesa city cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 4-19-56
26B. REGISTRAR'S SIGNATURE: Maurice Meldrum Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: Maurice Meldrum
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 77595

MELDRUM MORTUARY & CHAPEL

OF DEATH / AND / L RESIDENCE 04/50 — 77 / 24
ECEDENT / ERSONAL DATA 186 — 1 / 1
CAUSE OF DEATH (ITEM 18) 4201 — 6 / 0 / 0
RATIONS, UTOPSY — 2
EDICAL IFICATION — 4 / 2
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S FICATION — 2
NERAL RECTOR AND ISTRAR 33 / 2
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