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ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2587

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 103

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 70 yrs | IN ARIZONA 70 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): Rt 1, Box 715

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): Rt 1, Box 715

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Minnie B. (MIDDLE) Ola C. (LAST) Turnbow Phelps

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 8 DAY 30 YEAR 79
8. AGE (IN YEARS LAST BIRTHDAY): 76 — 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: at home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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: John L. Turnbow
14B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
15A. MOTHER'S MAIDEN NAME: Mary Olive Hendon
15B. BIRTHPLACE (STATE OR COUNTRY): La.
16. INFORMANT'S SIGNATURE: Mrs. Bernadine Merrill (dau) ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 4 (DAY) 12 (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) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriolar Nephrosclerosis — years.
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 12-5-55, 19__, TO 4-12-56, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4-12-56, 19__, AND THAT DEATH OCCURRED AT 4:00 p.m. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE) D.O.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 4-13-56

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?

CORONER'S CERTIFICATION

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

FUNERAL DIRECTOR AND REGISTRAR

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-16-56
25C. NAME OF CEMETERY OR CREMATORY: Mesa city cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 4-13-56
26B. REGISTRAR'S SIGNATURE: [signature] Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 77698

MELDRUM MORTUARY & CHAPEL