Punched

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2639

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 29

8 08 ICE OF DEATH 3, AND 23 IAL RESIDENCE 0202

1. PLACE OF DEATH
A. COUNTY: Mohave
B. LENGTH OF STAY IN THIS TOWN: 35yrs IN ARIZONA: 35yrs
C. CITY OR TOWN: Kingman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mohave General Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION).
A. STATE: Ariz B. COUNTY: Mohave
C. CITY OR TOWN: Kingman — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION)

DECEDENT PERSONAL DATA 1 1 4 10 4 456

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) B. (MIDDLE) C. (LAST): Phillip E. Keller

4. SEX: Male **5. COLOR OR RACE:** White

6. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Divorced

7. DATE OF BIRTH MONTH: 11 DAY: 22 YEAR: 1885

8. AGE (IN YEARS LAST BIRTHDAY): 70 IF UNDER 1 YEAR: MONTHS: 5 DAYS: 2 IF UNDER 24 HRS.: HOURS: MIN.:

9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED): Ret. Mechanic

9B. KIND OF BUSINESS OR INDUSTRY: Same

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ill

11. CITIZEN OF WHAT COUNTRY? U.S.

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.: Unknown

14A. FATHER'S NAME: Willie H. Keller

14B. BIRTHPLACE (STATE OR COUNTRY): Ill

15A. MOTHER'S MAIDEN NAME: Clara Herny

15B. BIRTHPLACE (STATE OR COUNTRY): Ill

16. INFORMANT'S SIGNATURE: Mrs Brockman, Reno, Nevada — ADDRESS

17. DATE OF DEATH (MONTH) April (DAY) 20- (YEAR) 1956

CAUSE OF DEATH (ITEM 18) 4301 0 0

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 CONDITIONS DIRECTLY LEADING TO DEATH* (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH unknown

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

DUE TO (B)

DUE TO (C)

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

OPERATIONS, AUTOPSY 4

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

DEATH DUE TO EXTERNAL VIOLENCE 4 — —

21A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

MEDICAL OR CORONER'S CERTIFICATION 1

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 6, 1946 TO Apr 20 1956 ALIVE ON Apr 20, 1956 AND THAT DEATH OCCURRED AT 9:20 a.m. M FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE (DEGREE OR TITLE): Carlton C. Cannon M.D.

23B. ADDRESS: Kingman

23C. DATE SIGNED: 4/21/56

FUNERAL DIRECTOR AND REGISTRAR 38 2 135

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐

24B. DATE: April 24-56

24C. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery

24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Kingman, Ariz

25A. DATE REC'D BY LOCAL REG.: 4-24-56

25B. REGISTRAR'S SIGNATURE: Hazel M. Miller

26. FUNERAL DIRECTOR'S SIGNATURE: Floyd H. Clinkenbeard — ADDRESS: Kingman

27. EMBALMER'S SIGNATURE: Floyd H. Clinkenbeard — CERT. NO. 327 F.

FORM VS 2 REV. 4-15-52