ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4429

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1808

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 18 yrs; IN ARIZONA 31 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): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Navajo
C. CITY OR TOWN: ~~Winslow~~ HEBER — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Unknown

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) MAVIS B. (MIDDLE) C. (LAST) CRANDELL

4. SEX: F

5. COLOR OR RACE: Caucasian

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Never married

6B. NAME OF SPOUSE:

7. DATE OF BIRTH: MONTH 4 DAY 30 YEAR 1925

8. AGE (IN YEARS LAST BIRTHDAY): 31 — 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): None

9B. KIND OF BUSINESS OR INDUSTRY:

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona

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.: NONE

14A. FATHER'S NAME: George Crandell

14B. BIRTHPLACE (STATE OR COUNTRY): Arizona

15A. MOTHER'S MAIDEN NAME: Thelka Turley

15B. BIRTHPLACE (STATE OR COUNTRY): Mexico

16. INFORMANT'S SIGNATURE: Arizona State Hospital Records — ADDRESS:

17. DATE OF DEATH: (MONTH) JULY (DAY) 21, (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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Epilepsy — About 25 yrs

DUE TO (C)

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 4-1-1938 TO 7-21-1956, THAT I LAST SAW THE DECEASED ALIVE ON 7-21-1956, AND THAT DEATH OCCURRED AT 2:55 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Damon Hull (DEGREE OR TITLE) M.D., Dir.

22B. ADDRESS: 2500 East Van Buren, Phoenix

22C. DATE SIGNED: 7-23-56

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: JULY 23, 1956

25C. NAME OF CEMETERY OR CREMATORY

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): HEBER, ARIZONA

26A. DATE REC. BY LOCAL REG.: 7/23/56

26B. REGISTRAR'S SIGNATURE: Beulah Johnston

27A. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore

27B. ADDRESS: [redacted] & SONS, ARIZONA

FORM VS-2 REV. 6-1-53 [redacted] AMPCO 7[illegible]

A. L. MOORE & SONS PHOENIX, ARIZONA

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131