ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5159

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 176

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY IN THIS TOWN 58 years IN ARIZONA 58 yrs.
C. CITY OR TOWN Mesa XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 240 East Main street

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE Arizona
B. COUNTY Maricopa
C. CITY OR TOWN Mesa XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 240 East Main street

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Frank B. (MIDDLE) W. C. (LAST) CERNY

4. SEX M.

5. COLOR OR RACE W.

6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

6B. NAME OF SPOUSE Frances E.

7. DATE OF BIRTH MONTH 8 DAY 6 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) Ret. Elect. Eng.

9B. KIND OF BUSINESS OR INDUSTRY Municipal & Retail.

10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Czechoslovakia

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. none

14A. FATHER'S NAME Joseph

14B. BIRTHPLACE (STATE OR COUNTRY) Czechoslovakia

15A. MOTHER'S MAIDEN NAME Katherine Novak

15B. BIRTHPLACE (STATE OR COUNTRY) Czechoslovakia

16. INFORMANT'S SIGNATURE Mrs. Frances Cerny ADDRESS Mesa, Ariz.

17. DATE OF DEATH (MONTH) August (DAY) 4 (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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

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.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 21, 19 56 TO August 4, 19 56, THAT I LAST SAW THE DECEASED ALIVE ON August 4, 19 56 AND THAT DEATH OCCURRED AT 12:15P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE [signature] (DEGREE OR TITLE) MD

22B. ADDRESS Mesa, Arizona

22C. DATE SIGNED 8-4-56

DEATH DUE TO EXTERNAL VIOLENCE

23A. ACCIDENT ☐ 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 XX CREMATION ☐ REMOVAL ☐

25B. DATE 8-6-56

25C. NAME OF CEMETERY OR CREMATORY Mesa cemetery

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona

26A. DATE REC. BY LOCAL REG. 8-6-56

26B. REGISTRAR'S SIGNATURE [signature]

27A. FUNERAL DIRECTOR'S SIGNATURE [signature]

27B. ADDRESS M. L. GIBBONS MORTUARY MESA, ARIZONA

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