ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7094

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 261

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 27 yr. IN ARIZONA: 71 yr.
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [X] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Rt. 1, Box 727

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Minnie B. (MIDDLE) Harrison C. (LAST) Frost Willis

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Heber Tillman
7. DATE OF BIRTH — MONTH: 8 DAY: 6 YEAR: 75
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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: Home
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: Allen Frost
14B. BIRTHPLACE (STATE OR COUNTRY): England
15A. MOTHER'S MAIDEN NAME: Annie Hester Harrison
15B. BIRTHPLACE (STATE OR COUNTRY): England
16. INFORMANT'S SIGNATURE: Mrs. D. LeRoy Bond — ADDRESS: Mesa, Arizona
17. DATE OF DEATH — (MONTH) 11 (DAY) 16 (YEAR) 56

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) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 hours.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) trauma and —
DUE TO (C) hypertension — 10 years.

II. OTHER SIGNIFICANT 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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11-15, 1956, TO 11-16, 1956, THAT I LAST SAW THE DECEASED ALIVE ON 11-16, 1956, AND THAT DEATH OCCURRED AT 11:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Franklin Lambach (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 11-19-56

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Int. of Gilbert Rd. & Main St.
23C. (CITY OR TOWN) (COUNTY) (STATE): Mesa Maricopa Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 11 15, 56 2 P.M.
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
23F. HOW DID INJURY OCCUR? Auto Accident

24A. CORONER'S SIGNATURE: Lawrence E. Mullenaux Coroner
24B. ADDRESS: Mesa, Arizona
24C. DATE SIGNED: 11-19-56

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 11-21-56
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona

26A. DATE REC. BY LOCAL REG.: 11-19-56
26B. REGISTRAR'S SIGNATURE: R. M. Daybell Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Daybell
27B. ADDRESS: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.

FORM VS-2 REV. 6-1-53 AMPCO 8-54 15M 79573

MELDRUM MORTUARY & CHAPEL

27 27 E OF DEATH
1 AND 70
L RESIDENCE
0323
ECEDENT
ERSONAL 81
DATA
6
X 56
8 64
CAUSE
OF
DEATH
(ITEM 18)
6
6
ERATIONS, 2
UTOPSY
24
MEDICAL 27
TIFICATION 2
2
DEATH 7
DUE TO
EXTERNAL
VIOLENCE
ORONER'S 5
TIFICATION
UNERAL 33
IRECTOR 33
AND
EGISTRAR 1
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