ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0298

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 8

PLACE OF DEATH AND USUAL RESIDENCE

1. PLACE OF DEATH
A. COUNTY Maricopa
B. LENGTH OF STAY: IN THIS TOWN 34 yrs; IN ARIZONA 34 yrs
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) 563 South Grand

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 [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION) 563 South Grand

DECEDENT PERSONAL DATA

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Francis (Red) L. B. (MIDDLE) C. (LAST) Shurtz
4. SEX Male
5. COLOR OR RACE White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married
6B. NAME OF SPOUSE Florence
7. DATE OF BIRTH: MONTH 7 DAY 23 YEAR 98
8. AGE (IN YEARS LAST BIRTHDAY) 58
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) Owner-Manager
9B. KIND OF BUSINESS OR INDUSTRY Restaurant
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. 527-07-8354
14A. FATHER'S NAME Reese Shurtz
14B. BIRTHPLACE (STATE OR COUNTRY) Utah
15A. MOTHER'S MAIDEN NAME Levise Hammaker
15B. BIRTHPLACE (STATE OR COUNTRY) Utah
16. INFORMANT'S SIGNATURE Mrs. Florence Shurtz ADDRESS Mesa, Arizona
17. DATE OF DEATH (MONTH) 1 (DAY) 8 (YEAR) 57

CAUSE OF DEATH (ITEM 18)

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

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Bronchial Asthma — Years
DUE TO (C)

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

OPERATIONS, AUTOPSY

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

DEATH DUE TO EXTERNAL VIOLENCE

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

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-12, 1957 TO 1-8-57, 19__ THAT I LAST SAW THE DECEASED ALIVE ON 1-8-57, 19__, AND THAT DEATH OCCURRED AT 10:00 a. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE [signature] (DEGREE OR TITLE) M.D.
23B. ADDRESS Mesa, Arizona
23C. DATE SIGNED 1-9-57

FUNERAL DIRECTOR AND REGISTRAR

24A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
24B. DATE 1-11-57
24C. NAME OF CEMETERY OR CREMATORY Mesa City Cemetery
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Mesa, Arizona
25A. DATE REC'D BY LOCAL REG. 1-9-57
25B. REGISTRAR'S SIGNATURE R. M. Daybell Dep.
26. FUNERAL DIRECTOR'S SIGNATURE [signature] ADDRESS MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.
27. EMBALMER'S SIGNATURE R. M. Daybell LIC. NO. 228

FORM VS 2 REV. 1-1-53

MELDRUM MORTUARY & CHAPEL