ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0397

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 88

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 54 yrs. IN ARIZONA: 54 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): 8550 N. Ramona Rd.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 8550 Ramona Rd.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) FRANK B. (MIDDLE) H. C. (LAST) LYMAN
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Edith Lyman
7. DATE OF BIRTH — MONTH: Sept. 1 DAY: YEAR: 1863
8. AGE (IN YEARS LAST BIRTHDAY): 93 — 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): Retd. Judge
9B. KIND OF BUSINESS OR INDUSTRY: Judge - Courts
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New York
11. CITIZEN OF WHAT COUNTRY: U.S.A
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.: Unk.
14A. FATHER'S NAME: Elihu Lyman
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Martha Collins
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Edith Lyman (wife) ADDRESS: Same
17. DATE OF DEATH (MONTH) JANUARY (DAY) 1st, (YEAR) 1957

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 43 hours.
DUE TO (B) Acute Cerebral Thrombosis — 7-1954
DUE TO (C) Acute Cerebral Thrombosis — Mch. 1956
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
Cerebral Arteriosclerosis — years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Arteriosclerotic Heart Disease and Heart Block — years.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 12-29, 1954 TO 1-1-57, THAT I LAST SAW THE DECEASED ALIVE ON 1-1, 1957, AND THAT DEATH OCCURRED AT 3:15 p.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: J. R. Danner (DEGREE OR TITLE)
22B. ADDRESS: 15 E. Monroe St. Phoenix, Ari.
22C. DATE SIGNED: Jan. 2, 1957

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
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?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Jan. 4, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 1/3/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: K. L. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: Roy E. Green
28B. EMBALMER'S CERT. NO. 385

FORM VS-2 REV. 3-15-55 COPY 1

9 27 — CE OF DEATH
1/AND 74 — AL RESIDENCE
X
1 — DECEDENT
1 — PERSONAL
1 93 — DATA
7
157
332X — CAUSE OF DEATH (ITEM 18)
0
0
ERATIONS 2 — AUTOPSY
MEDICAL 1 — TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
ORONER'S 1 — TIFICATION
UNERAL 85 — DIRECTOR AND EGISTRAR 2
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