ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0887

CERTIFICATE OF DEATH

BIRTH NO. ✓

REGISTRAR'S NO. 465

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: Life; IN ARIZONA: Life
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): St. Joseph's Hospital

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): 2636 E. Hilton

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Vicki B. (MIDDLE) Laura C. (LAST) BURRIS
~~BABY GIRL~~

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH — MONTH: Feb. DAY: 9 YEAR: 1957
8. AGE (IN YEARS LAST BIRTHDAY): ----- IF UNDER 1 YEAR — MONTHS: --- DAYS: -- IF UNDER 24 HRS. — HOURS: 2 MIN.:
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): ----------
9B. KIND OF BUSINESS OR INDUSTRY: -------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Phoenix, Arizona
11. CITIZEN OF WHAT COUNTRY? U. S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): -------- (IF YES, WAR OR DATES OF SERVICE): ----------
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Victor Burris
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Lucille Landriault
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE AND ADDRESS: Victor Burris, 2636 E. Hilton
17. DATE OF DEATH — (MONTH): February (DAY): 9 (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH‡ (A) Anoxia — INTERVAL BETWEEN ONSET AND DEATH:

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

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

19A. DATE OF OPERATION: Feb 9
19B. MAJOR FINDINGS OF OPERATION: Below
20. AUTOPSY? YES ☐ NO ☒

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?

22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, TO ____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON ____, AND THAT DEATH OCCURRED AT 8:50 a M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
23A. SIGNATURE (DEGREE OR TITLE): Gregory C. Smith MD
23B. ADDRESS: Phoenix
23C. DATE SIGNED: Feb 9

24A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
24B. DATE: Feb. 13, 1957
24C. NAME OF CEMETERY OR CREMATORY: Double Butte
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
25A. DATE REC'D BY LOCAL REG.: 2/13/57
25B. REGISTRAR'S SIGNATURE: Beulah Johnston
26. FUNERAL DIRECTOR'S SIGNATURE: Charles A. Merrick — ADDRESS: 330 N 2d Ave.
27. EMBALMER'S SIGNATURE: Charles A. Merrick — CERT. NO.: 371-A

FORM VS 2 REV. 1-1-53 Whitney & Murphy Funeral Home, Phx

7 27 — CE OF DEATH
9 AND 74
L RESIDENCE
0315
— 2 — DECEDENT
2 PERSONAL
10 2 DATA
0
257
7625 CAUSE OF DEATH (ITEM 18)
0
6
2 ERATIONS, AUTOPSY
+ DEATH DUE TO
— EXTERNAL
— VIOLENCE
MEDICAL OR CORONER'S TIFICATION
85 FUNERAL DIRECTOR
2 AND REGISTRAR
0