ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1828

CERTIFICATE OF DEATH

REGISTRAR'S NO. 68

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 3 yrs; IN ARIZONA: 44 yrs
C. CITY OR TOWN: Mesa — ☒ 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 — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 523 E. Millett

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ROBERT B. (MIDDLE) OSCAR C. (LAST) MYERS
4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Bera V. Myers
7. DATE OF BIRTH — MONTH: 4 DAY: 13 YEAR: 1892
8. AGE (IN YEARS LAST BIRTHDAY): 64 — 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): Retired Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
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.: 529-16-6794
14A. FATHER'S NAME: George W. Myers
14B. BIRTHPLACE (STATE OR COUNTRY): Alabama
15A. MOTHER'S MAIDEN NAME: Dora Belle Kennedy
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: Mrs. Bera V. Myers — ADDRESS: Mesa, Arizona
17. DATE OF DEATH — (MONTH) March (DAY) 26, (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 CONDITION DIRECTLY LEADING TO DEATH‡ (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: one day

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

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Bronchial Asthma — 3 yrs

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 3/19/53, 19__, TO 3/26/57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 3/26/57, 19__, AND THAT DEATH OCCURRED AT 11:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 3/27/57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT (SPECIFY) / 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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/29/57
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 3-29-57
26B. REGISTRAR'S SIGNATURE: R. M. Daugherty D.C.
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: M. L. GIBBONS MORTUARY, MESA, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 7598

27 27 / OF DEATH / AND 24 / L RESIDENCE 0323 / DECEDENT / ERSONAL / DATA / 64 / 4 / 357 / 33/X / CAUSE / OF / DEATH / (ITEM 18) / 0 / 0 / ERATIONS / UTOPSY / MEDICAL / TIFICATION / ORONER'S / TIFICATION / UNERAL / IRECTOR / AND / EGISTRAR / 33 / 2 / 144