r. Heap & Mrs Devine

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2183

CERTIFICATE OF DEATH

REGISTRAR'S NO. 38

BIRTH NO.

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY IN THIS TOWN: 10 yrs IN ARIZONA: 10 yrs
C. CITY OR TOWN: Florence ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Arizona State Prison

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: El Mirage ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 20 Miles N. of Phoenix

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) SHELBY B. (MIDDLE) WILLIAM C. (LAST) HACKENBERRY
4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: RUBYE HACKENBERRY
7. DATE OF BIRTH: MONTH July DAY 8 YEAR 1890
8. AGE (IN YEARS LAST BIRTHDAY): 66
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): Common Labor
9B. KIND OF BUSINESS OR INDUSTRY: Farming
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): (IF YES, WAR OR DATES OF SERVICE): ---
13. SOCIAL SECURITY NO.: Unk
14A. FATHER'S NAME: Shelby Hackenberry
14B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
15A. MOTHER'S MAIDEN NAME: Mary James
15B. BIRTHPLACE (STATE OR COUNTRY): Arkansas
16. INFORMANT'S SIGNATURE: Rubye Hackenberry ADDRESS:
17. DATE OF DEATH: (MONTH) March (DAY) 15. (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) Acute Coronary Occlusion
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-8, 1956, TO 3-14, 1957 THAT I LAST SAW THE DECEASED ALIVE ON 3-14, 1957, AND THAT DEATH OCCURRED AT 7 20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E L Heap (DEGREE OR TITLE) M.D.
22B. ADDRESS: Florence, Arizona
22C. DATE SIGNED: 3-16-57

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY): Natural Cause
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Arizona State Prison
23C. (CITY OR TOWN) (COUNTY) (STATE): Florence Pinal Co
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Natural Causes

24A. CORONER'S SIGNATURE: Lottie C. Devine
24B. ADDRESS: Florence Arizona
24C. DATE SIGNED: March 16th 1957

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 3/16/57
25C. NAME OF CEMETERY OR CREMATORY: Prison Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Florence, Arizona.
26A. DATE REC. BY LOCAL REG.: 3/19/57
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary George Summers
27B. ADDRESS: Florence, 232 Florence

FORM VS-2 REV. 6-1-53 AMPCO 77595

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AND 52
L RESIDENCE 9101
ECEDENT 1
ERSONAL 1
DATA 166
4
357
420
CAUSE 1
OF 0
DEATH 0
ITEM 18)
ERATIONS, 2
UTOPSY
MEDICAL ±
TIFICATION
DEATH
DEATH 5
TIFICATION
UNERAL 74
IRECTOR
AND
EGISTRAR 2
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