ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2552

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 34

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 4 mo — IN ARIZONA: Life
C. CITY OR TOWN: Tempe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Tempe Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — B. COUNTY: Maricopa
C. CITY OR TOWN: Tempe — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 1336 Terrace Rd. — E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) B. (MIDDLE) C. (LAST): ASAHEL W. BURK
4. SEX: Male
5. COLOR OR RACE: Cauc
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Josephine Burk
7. DATE OF BIRTH — MONTH: MAR — DAY: 1 — YEAR: 1880
8. AGE (IN YEARS LAST BIRTHDAY): 77 — 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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY?: U S
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.: None
14A. FATHER'S NAME: John Burk
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Lois Hamblen
15B. BIRTHPLACE (STATE OR COUNTRY): Ariz.
16. INFORMANT'S SIGNATURE — ADDRESS: Mrs. Karl W. Burk, Tempe, Ariz.
17. DATE OF DEATH (MONTH) (DAY) (YEAR): April 3, 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‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Internal Injuries
Basal skull fracture
DUE TO (B) Compound fracture rt tibia - Shock.
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: unknown

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

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Examined 4/3/57. 19___, TO ___, 19___, THAT I LAST SAW THE DECEASED ALIVE ON ___, 19___, AND THAT DEATH OCCURRED AT 8 P.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: J. H. Fusher — (DEGREE OR TITLE): M.D.
22B. ADDRESS: Tempe, Ariz.
22C. DATE SIGNED: 4/5/57

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Highway
23C. (CITY OR TOWN): Tempe (COUNTY): (STATE): Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): 4-3-1957 M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?: Hit by car

24A. CORONER'S SIGNATURE: Ralph W. Fowler — Justice of the Peace, Tempe
24B. ADDRESS:
24C. DATE SIGNED: 4-5-1957

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: 4/7/57
25C. NAME OF CEMETERY OR CREMATORY: ALPINE CEMETERY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): ALPINE, ARIZ.
26A. DATE REC. BY LOCAL REG.: 4/8/57
26B. REGISTRAR'S SIGNATURE: LaVerne Sommer, Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: MELDRUM MORTUARY
27B. ADDRESS: MESA, ARIZ.
28. EMBALMER'S SIGNATURE:
28B. EMBALMER'S CERT. NO.: 278

FORM VS-2 REV. 3-15-55

7 27 E OF DEATH 1 AND 39 L RESIDENCE 0424 — 1 ECEDENT 1 ERSONAL 77 DATA 0 45 — 8124 CAUSE OF DEATH (ITEM 18) 0 0 — ERATIONS, AUTOPSY 4 — 39 MEDICAL TIFICATION 27 2 — DEATH DUE TO EXTERNAL VIOLENCE 3 — CORONER'S TIFICATION 5 — FUNERAL DIRECTOR AND EGISTRAR 10 2 — 0-