ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2648

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 5

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 4 Mos. IN ARIZONA: 74 Yrs.
C. CITY OR TOWN: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 3630 N. 56th Drive

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 3630 N. 56th Drive

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Lucius B. (MIDDLE) Monroe C. (LAST) Mulleneaux

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH — MONTH: Dec. DAY: 17 YEAR: 1878
8. AGE (IN YEARS LAST BIRTHDAY): 78 — 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 (retired)
9B. KIND OF BUSINESS OR INDUSTRY: Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arkansas
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.: --
14A. FATHER'S NAME: Albert Mulleneaux
14B. BIRTHPLACE (STATE OR COUNTRY): Georgia
15A. MOTHER'S MAIDEN NAME: Martha Jones
15B. BIRTHPLACE (STATE OR COUNTRY): Mississippi
16. INFORMANT'S SIGNATURE: Lawrence E. Mulleneaux ADDRESS: Mesa, Arizona
17. DATE OF DEATH (MONTH) April (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Thrombosis
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arterio-sclerosis
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 1/25/57, 19__, TO 4/26/57, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 4/26, 19 57, AND THAT DEATH OCCURRED AT 9 30 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W. E. McBurg (DEGREE OR TITLE) MD
22B. ADDRESS: 4109 N. 51st Ave. Glendale
22C. DATE SIGNED: 4/26/57

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) Glendale (COUNTY) Maricopa (STATE) Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4/29/57
25C. NAME OF CEMETERY OR CREMATORY: Graham Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Safford, Arizona
26A. DATE REC. BY LOCAL REG.: 4-27-57
26B. REGISTRAR'S SIGNATURE: Etta Kuller Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: O. L. Gibbons
27B. ADDRESS: M. L. GIBBONS MORTUARY, MESA, ARIZONA

FORM VS-2 REV. 8-1-53 AMPCO 6-54 15M 79573

7 27 E OF DEATH 1 AND 64 L RESIDENCE X - 1 1 DECEDENT 3 ERSONAL DATA 178 4 457 4261 CAUSE OF DEATH (ITEM 18) 0 0 ERATIONS, AUTOPSY 4 MEDICAL TIFICATION 1 DEATH DUE TO EXTERNAL VIOLENCE CORONER'S TIFICATION FUNERAL DIRECTOR AND REGISTRAR 22 2 174