ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3160

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3885

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 40 yrs; IN ARIZONA 40 yrs
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 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): 3836 N. 12 Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOSEPH B. (MIDDLE) L. C. (LAST) PACE
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Margaret Pace
7. DATE OF BIRTH: MONTH June DAY 7 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 71 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): Maintenance supervisor
9B. KIND OF BUSINESS OR INDUSTRY: Indian service
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.: unk.
14A. FATHER'S NAME: J.N.Pace
14B. BIRTHPLACE (STATE OR COUNTRY): unk.
15A. MOTHER'S MAIDEN NAME: Jane Bondurant
15B. BIRTHPLACE (STATE OR COUNTRY): unk.
16. INFORMANT'S SIGNATURE: Mrs. Margaret Pace, Phoenix,Ariz. ADDRESS
17. DATE OF DEATH (MONTH) May (DAY) 20 (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 occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary sclerosis — 5 - years
DUE TO (C)

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 5-7, 1952 TO 5-20, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 5-20, 1957, AND THAT DEATH OCCURRED AT 3:12P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Franklin B. Lanthach
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: May 21, 1957

DEATH DUE TO EXTERNAL VIOLENCE
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) (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: May 23, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood, Phoenix, Arizona
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Ariz.
26A. DATE REC. BY LOCAL REG.: 5/21/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: A. Lee Moore
27B. ADDRESS: A. L. MOORE & SONS, PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 7005

17 OF DEATH
29 AND
29 RESIDENCE
0315
DECEDENT
PERSONAL
DATA
171
557
1201
CAUSE
OF
DEATH
(ITEM 18)
0
0
RATIONS,
UTOPSY
MEDICAL
IFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
IFICATION
UNERAL
RECTOR
AND
GISTRAR
5
2
140