ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3626

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Apache
B. LENGTH OF STAY IN THIS TOWN: About 4 yrs. IN ARIZONA: Unk.
C. CITY OR TOWN: Window Rock ☐ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): At home

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

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Richard B. (MIDDLE) F. C. (LAST) Van Valkenburgh
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ruth Van Valkenburgh
7. DATE OF BIRTH: MONTH 6 DAY 16 YEAR 1904
8. AGE (IN YEARS LAST BIRTHDAY): 53
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): Supervisor, Land Use
9B. KIND OF BUSINESS OR INDUSTRY: Navajo Tribe
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Norwalk, Calif.
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: Hiram Van Valkenburgh
14B. BIRTHPLACE (STATE OR COUNTRY): Rockford, Ill.
15A. MOTHER'S MAIDEN NAME: Lucy Fowler
15B. BIRTHPLACE (STATE OR COUNTRY): Lena, Ill.
16. INFORMANT'S SIGNATURE: Ruth Van Valkenburgh ADDRESS: Window Rock, Ariz.
17. DATE OF DEATH (MONTH) JUNE (DAY) 19 (YEAR) 1957

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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‡ (A) Probable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Several hours

ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive cardiovascular disease — Several years
DUE TO (C)

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

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

Pronounced Dead on 6/19/57.

21. I HEREBY CERTIFY THAT I ~~ATTENDED~~ THE DECEASED ~~FROM~~ _____, 19__, TO _____, 19__, THAT I LAST SAW THE DECEASED ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT Approx. 6:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Paul G. Frey M.D.
22B. ADDRESS: Ft. Defiance, Arizona
22C. DATE SIGNED: 6-19-57

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: June 21 1957
25C. NAME OF CEMETERY OR CREMATORY: Navajo Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Ft. Defiance, Arizona
26A. DATE REC. BY LOCAL REG.: 6-20-57
26B. REGISTRAR'S SIGNATURE: Wilbur E. Morgan
27A. FUNERAL DIRECTOR'S SIGNATURE: G Balk
27B. ADDRESS: Kelly N.M.

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