ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 3919

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 163

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 52 yr. IN ARIZONA: 72 yr.
C. CITY OR TOWN: Mesa — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 38 E. 14th. Pl.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — XX IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 38 E. 14th. Pl.
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO XX

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Lillie
B. (MIDDLE): Rothrock
C. (LAST): Shill

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Wright P. Shill
7. DATE OF BIRTH — MONTH: 3 DAY: 29 YEAR: 85
8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U. S. A.
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: George Herman Rothrock
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Eliza Loretta Woods
15B. BIRTHPLACE (STATE OR COUNTRY): California
16. INFORMANT'S SIGNATURE: Wright P. Shill — ADDRESS: Mesa, Arizona
17. DATE OF DEATH — (MONTH) June (DAY) 28, (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) Cancer – Liver & metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7/30, 1956, TO 7/28, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 7/28, 1956, AND THAT DEATH OCCURRED AT 6:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Anthony J. Salvatore, M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 7-1-57

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 XX CREMATION ☐ REMOVAL ☐
25B. DATE: 7-1-57
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 7-1-57
26B. REGISTRAR'S SIGNATURE: R.M. Daybell D.R.
27A. FUNERAL DIRECTOR'S SIGNATURE: R.M. Daybell
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.
28. EMBALMER'S SIGNATURE: R.M. Daybell
28B. EMBALMER'S CERT. NO.: 228A

FORM VS-2 REV. 3-15-55 (1)