ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1964481

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 4½ yrs; IN ARIZONA: 4½ 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): Good Sam. Hosp.

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: 1507 W. CHIPMAN
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Joseph B. (MIDDLE): RAY C. (LAST): CARTER

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: SADIE L.
7. DATE OF BIRTH — MONTH: 1 DAY: 23 YEAR: 1886
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): Retired
9B. KIND OF BUSINESS OR INDUSTRY: FARMER
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): OHIO
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: ALFRED CARTER
14B. BIRTHPLACE (STATE OR COUNTRY): ENGLAND
15A. MOTHER'S MAIDEN NAME: SELENA TERAULT
15B. BIRTHPLACE (STATE OR COUNTRY): CANADA
16. INFORMANT'S SIGNATURE: Mrs Leola Kane — ADDRESS: Phoenix, Ariz.
17. DATE OF DEATH (MONTH) JULY (DAY) 21 (YEAR) 57

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) CORONARY INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) A.S. HEART DISEASE — 4 yrs
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. CA OF PROSTATE — 4 yrs

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 7-18-57 TO 7-21-57, THAT I LAST SAW THE DECEASED ALIVE ON 3:45 P.M. AND THAT DEATH OCCURRED AT 3:45 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) MD
22B. ADDRESS: Phoenix, Ariz
22C. DATE SIGNED: 7-23-57

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?

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

25A. BURIAL ☐ CREMATION ☐ REMOVAL ☒
25B. DATE: JULY 22-57
25C. NAME OF CEMETERY OR CREMATORY: LOCAL
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PAYNE, OHIO
26A. DATE REC. BY LOCAL REG.: 7/22/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Walter E. Bloom
27B. ADDRESS: PHOENIX
28. EMBALMER'S SIGNATURE: Walter E. Bloom
28B. EMBALMER'S CERT. NO.: H 349

FORM VS-2 REV. 3-15-55

DEATH DUE TO EXTERNAL VIOLENCE

CORONER'S CERTIFICATION

FUNERAL DIRECTOR AND REGISTRAR

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