ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5199

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2189

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 7 yrs. IN ARIZONA: 7 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): Arizona State 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: 1321 N. 31st Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): FRANCES B. (MIDDLE): -- C. (LAST): AKSAMIT

4. SEX: F.
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
6B. NAME OF SPOUSE: Joseph Aksamit
7. DATE OF BIRTH — MONTH: 10 DAY: 10 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): housewife
9B. KIND OF BUSINESS OR INDUSTRY: Own Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Czeckoslavokia
11. CITIZEN OF WHAT COUNTRY? ?
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: unknown
14B. BIRTHPLACE (STATE OR COUNTRY): unknown
15A. MOTHER'S MAIDEN NAME: unknown
15B. BIRTHPLACE (STATE OR COUNTRY): unknown
16. INFORMANT'S SIGNATURE: Arizona State Hospital Records ADDRESS:
17. DATE OF DEATH (MONTH) August (DAY) 18, (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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerotic Heart Disease — unknown
DUE TO (C) Generalized Arteriosclerosis — unknown

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 12-21-, 19 56, TO 8-18-, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 8-18-, 19 57, AND THAT DEATH OCCURRED AT 9:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Samuel Shirk, M.D., Director (DEGREE OR TITLE)
22B. ADDRESS: 2500 E. Van Buren, Phoenix
22C. DATE SIGNED: 8-19-57

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: Aug. 21, 1957
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 8/20/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Paul R. Mercer
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: Paul R. Mercer
28B. EMBALMER'S CERT. NO.: 823

FORM VS-2 REV. 3-15-55 1
Mercer Mortuary & Chapel

7 17 / E OF DEATH / AND 29 / L. RESIDENCE 8101 / DECEDENT / PERSONAL DATA 171 9 807 / 4208 CAUSE OF DEATH (ITEM 18) 0 0 / PERATIONS, AUTOPSY 2 / MEDICAL TIFICATION / DEATH DUE TO EXTERNAL VIOLENCE / CORONER'S TIFICATION / FUNERAL DIRECTOR AND REGISTRAR 85 2 / 107