ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 5301

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2289

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 8 Yrs. IN ARIZONA 8 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): 2220 N. 23rd Place

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): 2220 N. 23rd Place
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST): Alice B. (MIDDLE): B. C. (LAST): Leach

4. SEX: Female 5. COLOR OR RACE: White 6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

6B. NAME OF SPOUSE: Walter E. Leach

7. DATE OF BIRTH: MONTH 2 DAY 2 YEAR 1914

8. AGE (IN YEARS LAST BIRTHDAY): 43 Yrs. 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): Illinois

11. CITIZEN OF WHAT COUNTRY? United States Am.

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.:

14A. FATHER'S NAME: Floyd Short

14B. BIRTHPLACE (STATE OR COUNTRY): Illinois

15A. MOTHER'S MAIDEN NAME: Unknown

15B. BIRTHPLACE (STATE OR COUNTRY): Illinois

16. INFORMANT'S SIGNATURE: Walter E. Leach ADDRESS: 2220 N. 23rd Place

17. DATE OF DEATH (MONTH) August (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) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

DUE TO (B) Large Ovarian Cyst — 17 yrs

DUE TO (C) Pressure Pelvic Veins — 3 mo

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 Aug 29, 1953 TO Aug 8, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Aug 8, 1957 AND THAT DEATH OCCURRED AT 10:30-45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): G. L. Bate M.D.

22B. ADDRESS: 2021 N Central

22C. DATE SIGNED: Aug 29 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: Sept. 3, 1957

25C. NAME OF CEMETERY OR CREMATORY: Greenwood

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 9/3/57

26B. REGISTRAR'S SIGNATURE: Beulah Jackson

27A. FUNERAL DIRECTOR'S SIGNATURE: Paul R. Messinger

27B. ADDRESS: Phoenix, Arizona

28. EMBALMER'S SIGNATURE: Paul R. Messinger

28B. EMBALMER'S CERT. NO.: 363 A.

FORM VS-2 REV. 3-15-55 OF 1001

Mercer Mortuary & Chapel

7 17 E OF DEATH
9 AND 29
L RESIDENCE
X –
–
2
DECEDENT 1
PERSONAL 43
DATA
4
85 7
2-10 X CAUSE
OF
DEATH 0
(ITEM 18)
0
ERATIONS, 1
AUTOPSY
MEDICAL 1
TIFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
CORONER'S
TIFICATION
FUNERAL 85
DIRECTOR
AND
EGISTRAR 2
108