ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6593

CERTIFICATE OF DEATH

BIRTH NO. | REGISTRAR'S NO. 2620

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 42 MO IN ARIZONA: 60 YRS
C. CITY OR TOWN: Phoenix — [X] 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 Rest Home

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZONA
B. COUNTY: Navajo
C. CITY OR TOWN: SHOLOW — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): Shelton Rest Home — IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) LEONA B. (MIDDLE) C. (LAST) BURKE
4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): SEPARATED
6B. NAME OF SPOUSE: Charles Burke
7. DATE OF BIRTH: MONTH May DAY 19 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): At Home
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
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.: Unk
14A. FATHER'S NAME: William B. McBride
14B. BIRTHPLACE (STATE OR COUNTRY): Unk
15A. MOTHER'S MAIDEN NAME: Annie Hill
15B. BIRTHPLACE (STATE OR COUNTRY): Unk
16. INFORMANT'S SIGNATURE: MAURICE Worden — ADDRESS: Long Beach, Calif.
17. DATE OF DEATH (MONTH) Oct. (DAY) 7 (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) Arteriosclerotic Cardio Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: years
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM April, 1957, TO 10-7, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 10-6, 1957, AND THAT DEATH OCCURRED AT 7:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: O. C. Stevenson (DEGREE OR TITLE) MD — 22B. ADDRESS: 2021 N Central — 22C. DATE SIGNED: 10-9-57

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 [X]
25B. DATE: 10-10-57
25C. NAME OF CEMETERY OR CREMATORY: Sholow Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Sholow, Ariz.
26A. DATE REC. BY LOCAL REG.: 10/11/57
26B. REGISTRAR'S SIGNATURE: Dorion Fernandez
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Toman
27B. ADDRESS: PHOENIX, ARIZ.

FORM VS-2 REV. 6-1-53 AMPCO 77595 — ARIZONA FUNERAL HOME

09 OF DEATH AND 98 RESIDENCE 6435 — 1 2 1 CEDENT 171 RSONAL DATA 7 057 — 4221 CAUSE OF DEATH (ITEM 18) 0 0 — RATIONS, UTOPSY 2 — EDICAL IFICATION — DEATH DUE TO EXTERNAL VIOLENCE — RONER'S IFICATION — UNERAL RECTOR AND GISTRAR 25 2 — 160