ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6714

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2758

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 34 yrs. IN ARIZONA 34 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): Veterans 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 (IF RURAL, GIVE LOCATION): 2945 N. 47th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ASAHEL B. (MIDDLE) HENRY C. (LAST) SMITH

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Marla Smith
7. DATE OF BIRTH: MONTH 5 DAY 22 YEAR 23
8. AGE (IN YEARS LAST BIRTHDAY): 34
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): Mgr. House Movers
9B. KIND OF BUSINESS OR INDUSTRY: - -
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) Yes (IF YES, WAR OR DATES OF SERVICE) WW II
13. SOCIAL SECURITY NO. 526-32-7640
14A. FATHER'S NAME: A. Henry Smith
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Pauline Udall
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE ADDRESS: VA Hospital Records, Phoenix, Arizona
17. DATE OF DEATH (MONTH) OCTOBER (DAY) 22, (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Cardiac insufficiency with congestive heart failure and pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 5 days
DUE TO (B) Acute staphylococcus bacterial endocarditis of aortic valve with emboli to brain, liver, spleen, kidneys. — 2 months
DUE TO (C) - - -

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

II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. - - -

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-18, 1957 TO 10-22, 1957 AND THAT DEATH OCCURRED AT 8:30 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE AND TITLE: B.M.LIPSCHULTZ, M.D., Chief, Medical Service
22B. ADDRESS: VA Hospital, Phoenix, Ariz.
22C. DATE SIGNED: 10-23-57

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10-25-57
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 10/23/57
26B. REGISTRAR'S SIGNATURE: Marion Fernandez, Clerk
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Martinez
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: L. M. Martinez
28B. EMBALMER'S CERT. NO. 261

FORM VS-2 REV. 3-15-55

DEATH AND RESIDENCE
DECEDENT PERSONAL DATA
CAUSE OF DEATH ITEM 18
CERTIFICATION, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR