ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6760

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 224

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 79 — IN ARIZONA: 79 yrs
C. CITY OR TOWN: Mesa — [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): 48 No. Robson

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS: 48 No. Robson
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MEDORA B. (MIDDLE) BRIMHALL C. (LAST) OPENSHAW

4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH — MONTH: 3 DAY: 13 YEAR: 1872
8. AGE (IN YEARS LAST BIRTHDAY): 83 — 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: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Idaho
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.: None
14A. FATHER'S NAME: Noah Brimhall
14B. BIRTHPLACE (STATE OR COUNTRY): Wales
15A. MOTHER'S MAIDEN NAME: Lavina Jones
15B. BIRTHPLACE (STATE OR COUNTRY): Wales
16. INFORMANT'S SIGNATURE: Samuel Openshaw (Son) ADDRESS: Woddell, Arizona
17. DATE OF DEATH — (MONTH) 10 (DAY) 4 (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) Corornay Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis — Several year
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 June 1, 19 57 TO Oct. 4, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON Oct. 4, 19 57 AND THAT DEATH OCCURRED AT 10:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa Ariz.
22C. DATE SIGNED: 10-8-57

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 10-8-57
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 10-8-57
26B. REGISTRAR'S SIGNATURE: Gould Meldrum, Dir.
27A. FUNERAL DIRECTOR'S SIGNATURE: Gould Meldrum
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald
28. EMBALMER'S SIGNATURE: Gould Meldrum
28B. EMBALMER'S MO. CERT. NO.: 345-A

FORM VS-2 REV. 3-15-55

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DECEDENT PERSONAL DATA 3 2 3 83 6 057
CAUSE OF DEATH (ITEM 18) 1301 0 0
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MEDICAL TIFICATION 7
DEATH DUE TO EXTRNAL VIOLENCE
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