ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 6775

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 131

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 39 Yrs IN ARIZONA: 50 Yrs
C. CITY OR TOWN: Glendale — [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): 520 North First Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 520 North First Avenue

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

4. SEX: M
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED
6B. NAME OF SPOUSE: SUSAN H. SMITH
7. DATE OF BIRTH: MONTH 7 DAY 18 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 70 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): Manager-Ariz. Flr-
9B. KIND OF BUSINESS OR INDUSTRY: Mills.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No
(IF YES, WAR OR DATES OF SERVICE): none
13. SOCIAL SECURITY NO. 526-01-2756
14A. FATHER'S NAME: J. S. Smith
14B. BIRTHPLACE (STATE OR COUNTRY): Miss.
15A. MOTHER'S MAIDEN NAME: Nancy J. Price
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Susan Harris Smith
ADDRESS: Glendale, Ariz.
17. DATE OF DEATH (MONTH) October (DAY) 18th (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 Occlusion — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Coronary Sclerosis — 2 yrs ±
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 10, 1957, TO 10-18, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 10-18, 1957, AND THAT DEATH OCCURRED AT 2130 p.m. H. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [illegible] M.D. (DEGREE OR TITLE)
22B. ADDRESS: Glendale Ariz.
22C. DATE SIGNED: 10/19/57

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: Oct. 21-1957
25C. NAME OF CEMETERY OR CREMATORY: Resthaven Park Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona.
26A. DATE REC. BY LOCAL REG.: 10-21-57
26B. REGISTRAR'S SIGNATURE: Etta Butler Deputy
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: 49-A # 150-A Phoenix, Arizona.

FORM VS-2 REV. 6-1-53 AMPCO 6-54 15M 79573