ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7460

BIRTH NO.

CERTIFICATE OF DEATH

REGISTRAR'S NO. 2837

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN *1yr12das; IN ARIZONA 37 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): Arizona State Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 156 North May Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): LA VOR B. (MIDDLE): C. (LAST): JOHNS

4. SEX: M
5. COLOR OR RACE: Caucasian
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Margaret Johns
7. DATE OF BIRTH: MONTH 4 DAY 19 YEAR 1920
8. AGE (IN YEARS LAST BIRTHDAY): 37
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): Farming
9B. KIND OF BUSINESS OR INDUSTRY: Own Farm
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): 1945-1946
13. SOCIAL SECURITY NO.: Unknown
14A. FATHER'S NAME: J. C. Johns
14B. BIRTHPLACE (STATE OR COUNTRY): Idaho
15A. MOTHER'S MAIDEN NAME: Betsy Maude Barney
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Arizona State Hospital Records ADDRESS:
17. DATE OF DEATH: (MONTH) November (DAY) 1, (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) Cardiac Arrest following electro-convulsive Therapy — INTERVAL BETWEEN ONSET AND DEATH: sudden
DUE TO (B) Schizophrenic Reaction — about 6 years
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM * 10-19-, 19 56, TO 11-1-, 19 57, THAT I LAST SAW THE DECEASED ALIVE ON 11-1-, 19 57, AND THAT DEATH OCCURRED AT 8:30 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Samuel Weil (DEGREE OR TITLE) M.D., Director
22B. ADDRESS: 2500 East Van Buren, Phoenix
22C. DATE SIGNED: 11-2-57

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 ☒
25B. DATE: 11-4-57
25C. NAME OF CEMETERY OR CREMATORY: Thatcher Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Thatcher, Arizona
26A. DATE REC. BY LOCAL REG.: 11/4/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE
27B. ADDRESS: Mesa, Arizona
28. EMBALMER'S SIGNATURE: R. N. Daybell
28B. EMBALMER'S CERT. NO.: 228

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