ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 7465

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2881

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 yrs; IN ARIZONA 10 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): 515 East Willetta Street

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: 515 East Willetta St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JOSEPH B. (MIDDLE) EDWARD C. (LAST) KALINAUSKAS

4. SEX: male
5. COLOR OR RACE: white
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Single
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH: MONTH May DAY 9 YEAR 1894
8. AGE (IN YEARS LAST BIRTHDAY): 63 IF UNDER 1 YEAR: MONTHS 5 DAYS 25 IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Lithographer
9B. KIND OF BUSINESS OR INDUSTRY: ----------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Pittsburg, Pa.
11. CITIZEN OF WHAT COUNTRY? U.S.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): None (IF YES, WAR OR DATES OF SERVICE): ----------
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Joseph Kalinauskas
14B. BIRTHPLACE (STATE OR COUNTRY): Lithuania
15A. MOTHER'S MAIDEN NAME: Anna Baronas
15B. BIRTHPLACE (STATE OR COUNTRY): Lithuania
16. INFORMANT'S SIGNATURE: Leo Kellard ADDRESS: 515 East Willetta Street
17. DATE OF DEATH (MONTH) November (DAY) 4 (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) — 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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ~~I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED~~ 11-5-57, THAT I LAST SAW THE DECEASED ALIVE ON ____, ____, AND THAT DEATH OCCURRED AT 3:00 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: (DEPUTY) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 11-5-57

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: Lela Anne Westfall
24B. ADDRESS: 15 No. 2nd Ave
24C. DATE SIGNED: 11-6-57

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Nov. 8, 1957
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 11/6/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: H. L. Murphy
27B. ADDRESS: 330 N. 2d Ave., Phx
28. EMBALMER'S SIGNATURE: H. L. Murphy
28B. EMBALMER'S CERT. NO.: 1414

FORM VS-2 REV. 3-15-55 (COPY 1)
Whitney & Murphy Funeral Home, Phoenix

CE OF DEATH AND AL RESIDENCE — DECEDENT PERSONAL DATA — CAUSE OF DEATH (ITEM 18) — ERATIONS, AUTOPSY — MEDICAL TIFICATION — DEATH DUE TO EXTERNAL VIOLENCE — ORONER'S TIFICATION — UNERAL DIRECTOR AND EGISTRAR