ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8301

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 2482

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 16 yrs; IN ARIZONA Life
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): Memorial 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): 2326 East Sherman
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) SOLOMON B. (MIDDLE) --- C. (LAST) DURAN, Sr.
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ----------
7. DATE OF BIRTH: MONTH May DAY 7 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 77 — IF UNDER 1 YEAR: MONTHS 7 DAYS 20 — IF UNDER 24 HRS.: HOURS MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Laborer -Janitor
9B. KIND OF BUSINESS OR INDUSTRY: Highway Dept
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
11. CITIZEN OF WHAT COUNTRY? U.S.
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.: Yes 526-36-4520A
14A. FATHER'S NAME: Miguel Duran
14B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
15A. MOTHER'S MAIDEN NAME: Fela Gonzales
15B. BIRTHPLACE (STATE OR COUNTRY): New Mexico
16. INFORMANT'S SIGNATURE: Levi Duran — ADDRESS: El Mirage, Arizona
17. DATE OF DEATH: (MONTH) December (DAY) 27 (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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral Vascular — 5 years
DUE TO (C) Arteriosclerosis or Hypertension

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 12-25, 1957, TO 12-27, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 12-26, 1957, AND THAT DEATH OCCURRED AT 5:55 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Corym A. Hays (DEGREE OR TITLE) M.D.
22B. ADDRESS: 55 W Thom
22C. DATE SIGNED: 12-30-57

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

GENERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Dec. 31, 1957
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 12/31/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: W. L. Murphy
27B. ADDRESS: 330 N. 2d Ave., Phx

FORM 19.2 REV. 6-1-53 AMPCO 17566 Whitney & Murphy Funeral Home, Phoenix