ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8432

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 3156

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 1 yr. IN ARIZONA 1 yr.
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): Phoenix Osteopathic 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: 3607 E. Van Buren St.
E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Herman B. (MIDDLE) Elbert C. (LAST) STARK
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mabel F.
7. DATE OF BIRTH: MONTH Feb DAY 18 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 70 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): Ticket agent
9B. KIND OF BUSINESS OR INDUSTRY: Transportation
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: 312-16-5391
14A. FATHER'S NAME: John Wesley STARK
14B. BIRTHPLACE (STATE OR COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME: Mary Jane COOPER
15B. BIRTHPLACE (STATE OR COUNTRY): Indiana
16. INFORMANT'S SIGNATURE: Mrs. Mabel F. STARK (Wife) ADDRESS: 3607 E. Van Buren St., Phoenix, Arizona
17. DATE OF DEATH: (MONTH) December (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) Acute Circulatory Failure — 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) Congestive Heart failure — 1 wk.
DUE TO (C) arteriosclerotic heart disease 5 yrs.

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 Nov 12, 1957, TO Dec 1, 1957, THAT I LAST SAW THE DECEASED ALIVE ON Nov 30, 1957, AND THAT DEATH OCCURRED AT 4:40 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: H. B. Van Dyke (DEGREE OR TITLE) D.O.
22B. ADDRESS: 4021 N 24th St
22C. DATE SIGNED: 12-3-57

23A. ACCIDENT (SPECIFY) SUICIDE HOMICIDE NATURAL CAUSE
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
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12-3-57
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona

26A. DATE REC. BY LOCAL REG.: 12/3/57
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Walter E. Fitzgerald
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: Fred C. Warren
28B. EMBALMER'S CERT. NO.: 227

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