ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8967

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 164

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY IN THIS TOWN: Life; IN ARIZONA: Life
C. CITY OR TOWN: Florence Ariz — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Pinal General Hospt.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Florence Ariz — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 1213 Plume St
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Mer. B. (MIDDLE) Cedos C. (LAST) Arvizu
4. SEX: F
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: G G Arvizu
7. DATE OF BIRTH: MONTH May DAY 22 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 72.
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): House Wife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): — (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: —
14A. FATHER'S NAME: Thomas H McLellan
14B. BIRTHPLACE (STATE OR COUNTRY): Scotland
15A. MOTHER'S MAIDEN NAME: Mercedes Marquez
15B. BIRTHPLACE (STATE OR COUNTRY): Calif
16. INFORMANT'S SIGNATURE: Edwardo Carrillo ADDRESS: Box 492 Superior
17. DATE OF DEATH (MONTH) Dec. (DAY) 16 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Hypertensive Cardiovascular Disease
DUE TO (B) Chronic Glomerulonephritis
DUE TO (C) Diabetes Mellitus
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. Biliary Obstruction

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 9-8, 1957 TO 12-16, 1957, THAT I LAST SAW THE DECEASED ALIVE ON 12-16, 1957 AND THAT DEATH OCCURRED AT 7:45 A M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: W L Heap (DEGREE OR TITLE) M.D.
22B. ADDRESS: Florence, Arizona
22C. DATE SIGNED: 12-17-57

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
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 12/18/57
25C. NAME OF CEMETERY OR CREMATORY: Florence Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Florence Ariz.
26A. DATE REC. BY LOCAL REG.: 12-23-57
26B. REGISTRAR'S SIGNATURE: Ethel L. Eggers
27A. FUNERAL DIRECTOR'S SIGNATURE: Coleman Mortuary
27B. ADDRESS: Florence Ariz
28. EMBALMER'S SIGNATURE: George Kurmiller
28B. EMBALMER'S CERT. NO.: 272 A

FORM VS-2 REV. 3-15-55

12 / 15 / 0207 / 1 / 4 / 1 / 72 / 2 / 157 / 59 / 0 / 0 / 2 / 1 / 74 / 2 / 0