ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0211

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 128

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 54 Yrs; IN ARIZONA 54 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): Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona — COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 8840 S. 18th Street (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): ALMA — B. (MIDDLE): BLOUNT — C. (LAST): HUNT

4. SEX: FEMALE
5. COLOR OR RACE: WHITE
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOW
6B. NAME OF SPOUSE:
7. DATE OF BIRTH MONTH: May DAY: 10 YEAR: 1899
8. AGE (IN YEARS LAST BIRTHDAY): 58 — 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): School Teacher
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ill.
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.: 627 48 4115
14A. FATHER'S NAME: Jay Blount
14B. BIRTHPLACE (STATE OR COUNTRY): Ill
15A. MOTHER'S MAIDEN NAME: Minnie J. Alberts
15B. BIRTHPLACE (STATE OR COUNTRY): Ill.
16. INFORMANT'S SIGNATURE: Anne Anderson, 1505 W. Culver — ADDRESS:
17. DATE OF DEATH (MONTH) JAN (DAY) 13, (YEAR) 1958

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) Fractured ribs
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) M E hemorrhage
DUE TO (C) subarachnoid hemorrhage
II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 9, 1958 TO Jan 12, 1958 THAT I LAST SAW THE DECEASED ALIVE ON Jan 12, 1958, AND THAT DEATH OCCURRED AT 12:40 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): John A. Gunston
22B. ADDRESS:
22C. DATE SIGNED:

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): Phoenix Maricopa Arizona
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): January 9, 1958 M
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR?: Auto ran into RR train

24A. CORONER'S SIGNATURE:
24B. ADDRESS:
24C. DATE SIGNED:

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Jan.15,1958
25C. NAME OF CEMETERY OR CREMATORY: Greenwood
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 1/15/58
26B. REGISTRAR'S SIGNATURE: Beulah J. Gustin
27A. FUNERAL DIRECTOR'S SIGNATURE: Henry J. Toman
27B. ADDRESS:
28. EMBALMER'S SIGNATURE: Henry J. Toman
28B. EMBALMER'S CERT. NO.:

FORM VS-2 REV. 2-15-53

CAUSE OF DEATH AND RESIDENCE 17 27 0317
DECEDENT PERSONAL DATA 2 3 158
CAUSE OF DEATH (ITEM 18) 4 158 8104 0 0
OPERATIONS, AUTOPSY 1
MEDICAL CERTIFICATION 33 2
DEATH DUE TO EXTERNAL VIOLENCE 3
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 8 85 2 154