ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0224

# CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 249

**PLACE OF DEATH AND USUAL RESIDENCE**

1. PLACE OF DEATH — A. COUNTY: Maricopa — B. LENGTH OF STAY: IN THIS TOWN 9 yrs. IN ARIZONA 9 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): 523 W. Willetta

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: 523 W. Willetta — E. (IF RURAL, GIVE LOCATION) IS RESIDENCE ON A FARM? YES ☐ NO ☐

**DECEDENT PERSONAL DATA**

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) CLARENCE B. (MIDDLE) A. C. (LAST) KRAUSE
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Bernice Krause
7. DATE OF BIRTH: MONTH Apr. DAY 9 YEAR 1882
8. AGE (IN YEARS LAST BIRTHDAY): 75 — 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): Retd. Veterinarian
9B. KIND OF BUSINESS OR INDUSTRY: Veterinarian
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Iowa
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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.: Unk.
14A. FATHER'S NAME: Unk.
14B. BIRTHPLACE (STATE OR COUNTRY): Unk.
15A. MOTHER'S MAIDEN NAME: Unk.
15B. BIRTHPLACE (STATE OR COUNTRY): Unk.
16. INFORMANT'S SIGNATURE: Mrs. Bernice Krause, (wife) — ADDRESS: Same
17. DATE OF DEATH: (MONTH) JANUARY (DAY) 19th, (YEAR) 1958

**CAUSE OF DEATH (ITEM 18)**

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* — MEDICAL CERTIFICATION
(A) COR PULMONALE - MYOCARDIAL FAILURE — INTERVAL BETWEEN ONSET AND DEATH: MOS.
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) EMPHYSEMA - PULM. — YEARS
DUE TO (C) BRONCHIAL ASTHMA — "5 YEARS"

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

**OPERATIONS AND AUTOPSY**

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

**MEDICAL CERTIFICATION**

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 1-19, 1958, TO 1-19, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 1-19-58, AND THAT DEATH OCCURRED AT 11:15 p. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22. SIGNATURE: Robert J. Lewis MD (DEGREE OR TITLE)
22B. ADDRESS: 1313 N. 2nd St. Phx, Ari.
22C. DATE SIGNED: Jan. 20, 1958

**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

**FUNERAL DIRECTOR AND REGISTRAR**

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Jan. 23, 1958
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 1/24/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Lee Moore
27B. ADDRESS: R. E. MOORE & SON, PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: Robert W. Tracy
28B. EMBALMER'S CERT. NO. 282

FORM VS-2 REV. 3-15-55