ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0317

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 273

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY (IN THIS TOWN) 84 yrs. (IN ARIZONA) 84 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
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4053 N. Central Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) ELLEN B. (MIDDLE) SARAH (Helen) C. (LAST) SNYDER
4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
6B. NAME OF SPOUSE: None
7. DATE OF BIRTH: MONTH Jan. DAY 28 YEAR 1876
8. AGE (IN YEARS LAST BIRTHDAY): 81
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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas Ariz.
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: William B. Morrell
14B. BIRTHPLACE (STATE OR COUNTRY): Penna.
15A. MOTHER'S MAIDEN NAME: Edna A. Teel
15B. BIRTHPLACE (STATE OR COUNTRY): Penna.
16. INFORMANT'S SIGNATURE: Mrs. Helen Totty, (Grand Niece) ADDRESS: Phx, Ari.
17. DATE OF DEATH (MONTH) JANUARY (DAY) 22nd, (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) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Cerebral sclerosis — Unknown
DUE TO (C) Generalized arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.
Uremia, acute — Approx 2 weeks
Nephrosclerosis — Unknown

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-18-52, 19__, TO 1-22-58, 19__, THAT I LAST SAW THE DECEASED ALIVE ON 1-22-58, 19__, AND THAT DEATH OCCURRED AT 9:30 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Dwight H. Porter (DEGREE OR TITLE) M. D.
22B. ADDRESS: 1130 E. McDowell Rd. Phx, Ari.
22C. DATE SIGNED: Jan. 22, 1958

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): None
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. 24, 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: O. L. MOORE & SONS, PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: John T. Young
28B. EMBALMER'S CERT. NO.: 300

FORM VS-2 REV. 3-15-55

DECEDENT PERSONAL DATA 1 3 2 3 1 0 158
CAUSE OF DEATH (ITEM 18) 332X 0 0
OPERATIONS, AUTOPSY 3
MEDICAL CERTIFICATION 1 2
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 2 35 0