ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 36 0356

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 24 years; IN ARIZONA 24 years
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Mesa Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 501 So. Solomon
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Billie
B. (MIDDLE): Mildred
C. (LAST): Allred

4. SEX: Female
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE:
7. DATE OF BIRTH: MONTH 9 DAY 10 YEAR 33
8. AGE (IN YEARS LAST BIRTHDAY): 24
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: 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): N (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: ?
14A. FATHER'S NAME: Henry Franklin Russell
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Julia Fish
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Julia Russell (mother) ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 1 (DAY) 27 (YEAR) 58

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) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): Thermal burns extensive, 85%
DUE TO (C):

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 1-20- 19 58 TO 1-27 19 58, THAT I LAST SAW THE DECEASED ALIVE ON 1-27 19 58, AND THAT DEATH OCCURRED AT 6 A.M. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Dudley B. Rawlins
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 1-28-58

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Accident
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Mesa Maricopa Arizona
23D. TIME OF INJURY (MONTH) 1 (DAY) 20 (YEAR) 58 (HOUR) 4:15 A M
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Gas Heater Explosion

24A. CORONER'S SIGNATURE: Lawrence E. Mullenaux
24B. ADDRESS: 57 N. McDonald Mesa
24C. DATE SIGNED: 1-28-58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 1-28-58
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 1-28-58
26B. REGISTRAR'S SIGNATURE: R. M. Daybell Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Daybell
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.
28. EMBALMER'S SIGNATURE: R. M. Daybell
28B. EMBALMER'S CERT. NO.: 228A.

FORM VS-2 REV. 3-15-58 ORIGINAL
MELDRUM MORTUARY & CHAPEL

DECEDENT'S PERSONAL DATA / CAUSE OF DEATH (ITEM 18) / ...RATIONS, AUTOPSY / MEDICAL CERTIFICATION / DEATH DUE TO EXTERNAL VIOLENCE / CORONER'S CERTIFICATION / FUNERAL DIRECTOR AND REGISTRAR