ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0436

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 368

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 10 yrs. IN ARIZONA 10 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): 1412 S. 26th St.

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): 1412 S. 26th St.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ZEB B. (MIDDLE) WHEELER C. (LAST) COLLIER

4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Linnie Collier
7. DATE OF BIRTH: MONTH Sept. DAY 17 YEAR 1886
8. AGE (IN YEARS LAST BIRTHDAY): 71 — 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. Watchman
9B. KIND OF BUSINESS OR INDUSTRY: Int. Metals
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
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.: 526-36-3625
14A. FATHER'S NAME: George Collier
14B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
15A. MOTHER'S MAIDEN NAME: Martha Long
15B. BIRTHPLACE (STATE OR COUNTRY): Tenn.
16. INFORMANT'S SIGNATURE: Mrs. Linnie Sue Collier, (wife) ADDRESS: Same
17. DATE OF DEATH: (MONTH) JANUARY (DAY) 28th, (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.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Hypertensive arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

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

PLACE DISEASE CONTRACTED.

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 ____, 19__, TO ____, 19__, AND THAT DEATH OCCURRED AT 2 AM. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 1-28-58, THAT I LAST SAW THE DECEASED ABOVE ON ____, 19__, AND THAT DEATH OCCURRED AT ____ M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
(DEC. SIGNATURE): [illegible] MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix, Arizona
22C. DATE SIGNED: 1-28-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ NATURAL CAUSE ☒ App. Natural Causes (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: [illegible] Coroner
24B. ADDRESS: West Phoenix, Arizona
24C. DATE SIGNED: Jan. 29, 1958

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Jan. 31, 1958
25C. NAME OF CEMETERY OR CREMATORY: East Rest Haven Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Tempe, Arizona
26A. DATE REC. BY LOCAL REG.: 1/31/58
26B. REGISTRAR'S SIGNATURE: [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
27B. ADDRESS: R. E. MOORE & SON PHOENIX, ARIZONA
28. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.

FORM VS-2 REV. 2-15-55

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