Dr. Frasier

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1245

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 61

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 2 yrs. IN ARIZONA 69 yr.
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): 105 East 2nd. Ave.

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 (IF RURAL, GIVE LOCATION): 105 East 2nd. Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Huldah
B. (MIDDLE): Anice
C. (LAST): Batty

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 7 DAY 11 YEAR 58
8. AGE (IN YEARS LAST BIRTHDAY): 99 — 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): Utah
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.: None
14A. FATHER'S NAME: David Cluff Jr.
14B. BIRTHPLACE (STATE OR COUNTRY): New Hampshire
15A. MOTHER'S MAIDEN NAME: Anice Huldah Elmer
15B. BIRTHPLACE (STATE OR COUNTRY): No record
16. INFORMANT'S SIGNATURE: Arthur Mathewson (Son) — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) Feb. (DAY) 15, (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) Cardiac failure
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Senility
DUE TO (C)
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
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 3, 1958 TO Feb 15, 1958, THAT I LAST SAW THE DECEASED ALIVE ON Feb 3, 1958, AND THAT DEATH OCCURRED AT 9:15 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [signature] (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa Ariz
22C. DATE SIGNED: Feb 18, 1958

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2-19-58
25C. NAME OF CEMETERY OR CREMATORY: Mesa City Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 2-19-58
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: MELDRUM MORTUARY 52 N. Macdonald Mesa, Ariz.
28. EMBALMER'S SIGNATURE: R. M. Day Gill
28B. EMBALMER'S CERT. NO. 228A

FORM VS-2 REV. 3-15-53
MELDRUM MORTUARY & CHAPEL

7 27 — DATE OF DEATH AND RESIDENCE
DECEDENT PERSONAL DATA 99 7 58
78X CAUSE OF DEATH ITEM 18 0 0
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR
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