ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1267

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 51

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 yrs. IN ARIZONA 77 yrs.
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): Granite Reef Rest Home

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: 143 North Hibbert
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) James B. (MIDDLE) Jardine C. (LAST) Shumway

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: --
7. DATE OF BIRTH: MONTH 2 DAY 21 YEAR 66
8. AGE (IN YEARS LAST BIRTHDAY): 91 — 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): Cattle Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Utah
11. CITIZEN OF WHAT COUNTRY? USA
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: Charles Shumway
14B. BIRTHPLACE (STATE OR COUNTRY): Mass.
15A. MOTHER'S MAIDEN NAME: Elizabeth Jardine
15B. BIRTHPLACE (STATE OR COUNTRY): Scotland
16. INFORMANT'S SIGNATURE: L.D. Shumway — ADDRESS: Phoenix, Arizona
17. DATE OF DEATH: (MONTH) 2 (DAY) 3 (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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) generalized arteriosclerosis — 10 years
DUE TO (C) and multiple cerebral thrombosis — 6 months
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 12-30, 1957 TO 2-3, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 2-3, 1958, AND THAT DEATH OCCURRED AT 10:50 A. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Franklin B. Lambert (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 2-5-58

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: 2-8-58
25C. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Taylor, Arizona
26A. DATE REC. BY LOCAL REG.: 2-6-58
26B. REGISTRAR'S SIGNATURE: R. M. Dayton Dep
27A. FUNERAL DIRECTOR'S SIGNATURE: R. M. Dayton
27B. NAME OF FUNERAL DIRECTOR OR ESTABLISHMENT: MELDRUM MORTUARY, 52 N. Macdonald Mesa, Ariz.
28. EMBALMER'S SIGNATURE: R. M. Dayton
28B. EMBALMER'S CERT. NO.: 228 A

FORM VS-2 REV. 3-15-55

MELDRUM MORTUARY & CHAPEL

7 22 CE OF DEATH
Y AND 12 X AL RESIDENCE
6489
DECEDENT PERSONAL DATA 1 1 3 91 6 258
331 X CAUSE OF DEATH (ITEM 18) 0 0
PERATIONS, AUTOPSY 2
MEDICAL TIFICATION 1 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S TIFICATION 1
FUNERAL DIRECTOR AND EGISTRAR 33 2
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