ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1333

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 406

1. PLACE OF DEATH
A. COUNTY: MARICOPA
B. LENGTH OF STAY: IN THIS TOWN 25 YRS; IN ARIZONA 25 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): LINCOLN HOSPITAL

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: ARIZ.
B. COUNTY: MAR.
C. CITY OR TOWN: PHOENIX — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2930 W. POLK
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) JAMES B. (MIDDLE) E. C. (LAST) GLASS
4. SEX: M
5. COLOR OR RACE: WH
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): TRUCK DRIVER
6B. NAME OF SPOUSE: ALICE
7. DATE OF BIRTH: MONTH DEC DAY 5 YEAR 85
8. AGE (IN YEARS LAST BIRTHDAY): 72 — 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): Maintenance Man
9B. KIND OF BUSINESS OR INDUSTRY: Hwy DEPT.
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): TEXAS
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.: 527-12-5359
14A. FATHER'S NAME: UNK
14B. BIRTHPLACE (STATE OR COUNTRY): UNK
15A. MOTHER'S MAIDEN NAME: EMMA CUPP
15B. BIRTHPLACE (STATE OR COUNTRY): TEXAS
16. INFORMANT'S SIGNATURE: Mrs Alice Glass — ADDRESS: 2930 W. Polk
17. DATE OF DEATH: (MONTH) FEB. (DAY) 2 (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) Cor Pulmonale — 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) Pulmonary Emphysema
DUE TO (C) Asthma

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 1/16, 1958 TO 2/2, 1958, THAT I LAST SAW THE DECEASED ALIVE ON 2/4, 1958, AND THAT DEATH OCCURRED AT 6:30 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: F. Donald Jones (DEGREE OR TITLE) M.D.
22B. ADDRESS: 321 W. Hatcher Rd
22C. DATE SIGNED: 2/3/58

DEATH DUE TO EXTERNAL VIOLENCE
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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2-4-58
25C. NAME OF CEMETERY OR CREMATORY: GREENWOOD
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): PHOENIX - ARIZ.
26A. DATE REC. BY LOCAL REG.: 2/4/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: N. H. Cannon
27B. ADDRESS: 21 W. CAMELBACK

FORM VS-3 REV. 6-1-53 AMPCO 27595