ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1395

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 52

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 52 yrs; IN ARIZONA 52 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): 2252 S. Cooper Road

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): 2252 S. Cooper Rd.
E. IS RESIDENCE ON A FARM? YES ☒ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Joseph
B. (MIDDLE): Hull
C. (LAST): NORTON

4. SEX: M.
5. COLOR OR RACE: W.
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Vena B.
7. DATE OF BIRTH: MONTH 9 DAY 17 YEAR 1880
8. AGE (IN YEARS LAST BIRTHDAY): 77
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): Rancher
9B. KIND OF BUSINESS OR INDUSTRY: Ranch
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Vermont
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.: 527-01-0942 A
14A. FATHER'S NAME: Amos C. Norton
14B. BIRTHPLACE (STATE OR COUNTRY): Vermont
15A. MOTHER'S MAIDEN NAME: Josephine Hull
15B. BIRTHPLACE (STATE OR COUNTRY): New York
16. INFORMANT'S SIGNATURE: Mrs. Vena B. Norton — ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) February (DAY) 4 (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*
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

MEDICAL CERTIFICATION
(A) Pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO (B) Cerebral hemorrhage — 18 mos
DUE TO (C) Paralysis
II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerosis

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-15, 1957 TO 2-4, 1958 THAT I LAST SAW THE DECEASED ALIVE ON 2-4, 1958 AND THAT DEATH OCCURRED AT 2:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Franklin B. Lambeck M. D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 2-4-58

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?

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

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 2/7/58
25C. NAME OF CEMETERY OR CREMATORY: Mesa Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Mesa, Arizona
26A. DATE REC. BY LOCAL REG.: 2-6-58
26B. REGISTRAR'S SIGNATURE: A. M. Bayless Deg
27A. FUNERAL DIRECTOR'S SIGNATURE: William D. Johnson
27B. ADDRESS: M. L. GIBBONS MORTUARY, MESA, ARIZONA
28. EMBALMER'S SIGNATURE: William D. Johnson
28B. EMBALMER'S CERT. NO.: 331

FORM VS-2 REV. 3-15-55

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