ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 1911

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 957

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 30 yrs. IN ARIZONA 30 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): Good Samaritan Hospital d.O.s.

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): 3542 E. Cherry Lynn Rd.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) TRUMAN B. (MIDDLE) VAN BUREN C. (LAST) CRONE
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Ina Crone
7. DATE OF BIRTH: MONTH Aug. DAY 9 YEAR 1913
8. AGE (IN YEARS LAST BIRTHDAY): 44 — 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): Salesman
9B. KIND OF BUSINESS OR INDUSTRY: Madison Mtrs.
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): Yes — (IF YES, WAR OR DATES OF SERVICE): WW II Navy
13. SOCIAL SECURITY NO.: 525-16-0232
14A. FATHER'S NAME: John V. Crone
14B. BIRTHPLACE (STATE OR COUNTRY): Oklahoma
15A. MOTHER'S MAIDEN NAME: Lula M. Denton
15B. BIRTHPLACE (STATE OR COUNTRY): Texas
16. INFORMANT'S SIGNATURE: Mrs. Ina Crone, (wife) — ADDRESS: Same
17. DATE OF DEATH: MARCH (MONTH) 24th, (DAY) 1958 (YEAR)

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) Coronary occlusion — 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)

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 ALIVE ON _____, 19__, AND THAT DEATH OCCURRED AT 1:45 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT ON 3-24-58 I EXAMINED THE BODY OF THE DECEASED, AND THAT I LAST SAW THE DECEASED

22A. SIGNATURE (DEPUTY) MARICOPA COUNTY MEDICAL EXAMINER — **22B. ADDRESS** Phoenix, Arizona — **22C. DATE SIGNED** 3-24-58

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural Causes
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 Ida Ann Westfall Coroner — **24B. ADDRESS** 13 No 2nd Ave East Phoenix, Arizona — **24C. DATE SIGNED** March 25, 1958

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐ — **25B. DATE** March 29, 1958 — **25C. NAME OF CEMETERY OR CREMATORY** Greenwood Memorial Park — **25D. LOCATION** (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona

26A. DATE REC. BY LOCAL REG. 3/26/58 — **26B. REGISTRAR'S SIGNATURE** Beulah Johnson — **27A. FUNERAL DIRECTOR'S SIGNATURE** O. Lee Moore — **27B. ADDRESS** E. E. MOORE & SON PHOENIX, ARIZONA

FORM VS-2 REV. 6-1-53 AMPCO 27598

DATE OF DEATH 17 AND 29 RESIDENCE X
DECEDENT 1 1 1 PERSONAL DATA 1 44
4 358
4701 CAUSE OF DEATH (ITEM 18) 6 6
RATIONS, AUTOPSY 2
MEDICAL CERTIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 6
GENERAL DIRECTOR AND REGISTRAR 85 2
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