ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2802

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1030

1. PLACE OF DEATH A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 5 yrs. IN ARIZONA 5 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): 1620 E. Rancho

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: 1620 E. Rancho (IF RURAL, GIVE LOCATION)
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) LAWRENCE B. (MIDDLE) J. C. (LAST) NEWSOM
4. SEX: M
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Avonell Newsom
7. DATE OF BIRTH: MONTH March DAY 30 YEAR 1909
8. AGE (IN YEARS LAST BIRTHDAY): 49
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): Inspector
9B. KIND OF BUSINESS OR INDUSTRY: Air Research
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Indiana
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Unk. (IF YES, WAR OR DATES OF SERVICE):
13. SOCIAL SECURITY NO.: Unk.
14A. FATHER'S NAME: William Chester Newsom
14B. BIRTHPLACE (STATE OR COUNTRY): Indiana
15A. MOTHER'S MAIDEN NAME: Maude A. O'Neil
15B. BIRTHPLACE (STATE OR COUNTRY): Indiana
16. INFORMANT'S SIGNATURE: Mrs. Avonell Newsom, (wife) ADDRESS: Same
17. DATE OF DEATH (MONTH) MARCH (DAY) 31st, (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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) Arteriosclerosis — years

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: 3/31/58 (autopsy)
19B. MAJOR FINDINGS OF OPERATION: Obstruction, occlusion left Coronary artery distally
20. AUTOPSY? YES ☒ NO ☐

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 6-7-55 TO 3/31/58, THAT I LAST SAW THE DECEASED ALIVE ON 3/31/58, AND THAT DEATH OCCURRED AT 8:30 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE (DEGREE OR TITLE): Charles M. Cooke MD
22B. ADDRESS: 6007 N. 16th St. Phx, Ari.
22C. DATE SIGNED: April 1, 1958

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: April 2, 1958
25C. NAME OF CEMETERY OR CREMATORY
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Columbus, Indiana
26A. DATE REC. BY LOCAL REG.: 4/1/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: C. Lee Moore
27B. ADDRESS: L. MOORE & SONS PHOENIX, ARIZONA
28A. EMBALMER'S SIGNATURE: John T. Yancy
28B. EMBALMER'S CERT. NO.: 500

FORM VS-2 REV. 3-15-55

7 27 CE OF DEATH / AND 7 / L RESIDENCE X-
1 / DECEDENT / ERSONAL 4 / DATA
4 / 358
4201 CAUSE OF DEATH (ITEM 18) 0 / 0
1 / ERATIONS, AUTOPSY
1 / MEDICAL TIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
/ RONER'S TIFICATION
0 / UNERAL 05 IRECTOR AND EGISTRAR
105