ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2756

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1272

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 4 yrs. IN ARIZONA 4 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): Memorial Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 4522 Grand Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) RUTH B. (MIDDLE) ARLENE C. (LAST) DRAKE
4. SEX: F
5. COLOR OR RACE: W
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Orville C. Drake
7. DATE OF BIRTH: MONTH Jan. DAY 6 YEAR 1918
8. AGE (IN YEARS LAST BIRTHDAY): 40 — 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): House wife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Nebraska
11. CITIZEN OF WHAT COUNTRY? U.S.A.
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. 508-16-1529
14A. FATHER'S NAME: William S. Bailey
14B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
15A. MOTHER'S MAIDEN NAME: - - - - - Wengington
15B. BIRTHPLACE (STATE OR COUNTRY): Nebraska
16. INFORMANT'S SIGNATURE: Mr. Orville C. Drake, (husb) ADDRESS: Same
17. DATE OF DEATH: (MONTH) APRIL (DAY) 24th, (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) Peritonitis acute, abdominal pain — INTERVAL BETWEEN ONSET AND DEATH: 11 days
ANTECEDENT CAUSES — MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Subacute pyelonephritis — 5-6 weeks
DUE TO (C) Subacute pericarditis

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: April 9-1958
19B. MAJOR FINDINGS OF OPERATION: Abscess and subacute pyelonephritis found
20. AUTOPSY? YES X NO ☐

I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM March 14 1958 TO April 24 1958, THAT I LAST SAW THE DECEASED ALIVE ON April 24 1958, AND THAT DEATH OCCURRED AT 5:30 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Robert M. Greer (DEGREE OR TITLE) M.D.
22B. ADDRESS: 15 E. Monroe St. Phx, Ari.
22C. DATE SIGNED: April 24, 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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: April 28, 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.: 4/25/58
26B. REGISTRAR'S SIGNATURE: Richard Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: O. Ta Moore
27B. ADDRESS: 333 W. Adams St.
28. EMBALMER'S SIGNATURE: James S Stallings
28B. EMBALMER'S CERT. NO. 310

FORM VS-2 REV. 3-15-55

7 27 CE OF DEATH
9 AND 64 AL RESIDENCE
0317
3
2
DECEDENT 1
PERSONAL DATA 1 10
4
45 8
5501 CAUSE
OF
DEATH 0
(ITEM 18)
0
0
PERATIONS, AUTOPSY 1
MEDICAL CERTIFICATION 1
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION 1
FUNERAL DIRECTOR AND REGISTRAR 8 5
2
10 4