ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2849

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 1061

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN / IN ARIZONA: 20 yrs / Lifes
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): DOA Good Samaritan Hospital

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): 1111 N. 34th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Annie B. (MIDDLE) Madge C. (LAST) RILEY
4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Hal R.
7. DATE OF BIRTH: MONTH Jan DAY 14 YEAR 1924
8. AGE (IN YEARS LAST BIRTHDAY): 34 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: At home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
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.: Unk.
14A. FATHER'S NAME: Maurice REIDHEAD
14B. BIRTHPLACE (STATE OR COUNTRY): Arizona
15A. MOTHER'S MAIDEN NAME: Belle PENROD
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16A. INFORMANT'S SIGNATURE: Mr. Hal R. RILEY — ADDRESS: 1111 N. 34th Street, Phoenix, Arizona (husband)
17. DATE OF DEATH: (MONTH) April (DAY) 1, (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) Subdural hematoma — 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.: fatty metamorphosis of liver

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM ____, 19__, AND THAT DEATH OCCURRED AT ____ FROM THE CAUSES AND ON THE DATE STATED ABOVE. I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED ON 4-1-58, THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__.
21A. SIGNATURE: [signature] (DEPUTY) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 4-1-58

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.): At home
23C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix Maricopa Ariz
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR): April 1, 1958 9:10AM
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR? Fell from bed

24A. CORONER'S SIGNATURE: Lola Ann Westfall
24B. ADDRESS: 16 No 2nd Ave.
24C. DATE SIGNED: 4-3-58

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 4-5-58
25C. NAME OF CEMETERY OR CREMATORY: East Resthaven Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 4/4/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Warren
27B. ADDRESS: Grimshaw Mortuary

FORM VS-2 REV. 6-1-58 AMPCO 7995