ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2978

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 144

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY IN THIS TOWN: 20 yrs IN ARIZONA: 41 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): Maricopa County General 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): 1245 S. 13th Street
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ALBERT B. (MIDDLE) P. C. (LAST) ENTZMINGER

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: Catalina
7. DATE OF BIRTH: MONTH Dec DAY 6 YEAR 1890
8. AGE (IN YEARS LAST BIRTHDAY): 67 — 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): Farmer
9B. KIND OF BUSINESS OR INDUSTRY: Agriculture
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): New Mexico
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.: Yes Unk.
14A. FATHER'S NAME: John ENTZMINGER
14B. BIRTHPLACE (STATE OR COUNTRY): Kansas
15A. MOTHER'S MAIDEN NAME: Rose PERALT
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Edward ENTZMINGER (son) ADDRESS: 1245 S. 13th St., Phoenix, Arizona
17. DATE OF DEATH: (MONTH) April (DAY) 10, (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) Acute Myocardial Infarction
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

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 April 7, 1958 TO April 10, 1958, THAT I LAST SAW THE DECEASED ALIVE ON April 10, 1958, AND THAT DEATH OCCURRED AT 12:06 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Thomas B. Jones MD
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 4-11-58

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: 4-11-58
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 4/11/58
26B. REGISTRAR'S SIGNATURE: Beulah Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Jack Nausner
27B. ADDRESS: Grimshaw Mortuary
28A. EMBALMER'S SIGNATURE: John R. Bradow
28B. EMBALMER'S CERT. NO.: 372-A

FORM VS-2 REV. 3-15-55

7 22 E OF DEATH
1 AND 74 L RESIDENCE
0238
1 DECEDENT
3 PERSONAL
767 DATA
7
458
4301 CAUSE
0 OF DEATH
0 (ITEM 18)
9 ERATIONS, UTOPSY
1 MEDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
1 ORONER'S IFICATION
85 UNERAL RECTOR AND
1 GISTRAR
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