ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 4911

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Gila
B. LENGTH OF STAY: IN THIS TOWN: 44 Yrs; IN ARIZONA: 44 Yrs
C. CITY OR TOWN: Miami — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): Miami-Inspiration Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Gila
C. CITY OR TOWN: Miami — ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS: 18 Plaza Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐ (IF RURAL, GIVE LOCATION)

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) Abe B. (MIDDLE) C. (LAST) Bernstein

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Luella Bernstein
7. DATE OF BIRTH: MONTH 1 DAY 21 YEAR 1887
8. AGE (IN YEARS LAST BIRTHDAY): 71 Yrs — 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): Proprietor
9B. KIND OF BUSINESS OR INDUSTRY: Ret. Jewelery
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kansas
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.: 554-10-3056
14A. FATHER'S NAME: Louis H. Bernstein
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Rose Bitterman
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Luella Bernstein — ADDRESS: 18 Plaza
17. DATE OF DEATH: (MONTH) July (DAY) 22, (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* — MEDICAL CERTIFICATION
(A) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.
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 CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: May 7 1958
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas.
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Feb 1 1958 TO July 22 1958, THAT I LAST SAW THE DECEASED ALIVE ON July 22 1958, AND THAT DEATH OCCURRED AT 1:15 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Delbert Strum, M.D. (DEGREE OR TITLE)
22B. ADDRESS: Miami, Arizona
22C. DATE SIGNED: 7/26/58

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?

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

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 7/24/58
25C. NAME OF CEMETERY OR CREMATORY: Globe Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Globe, Arizona.
26A. DATE REC. BY LOCAL REG.: Aug 7 1958
26B. REGISTRAR'S SIGNATURE: Helen D. Crayton
27A. FUNERAL DIRECTOR'S SIGNATURE: Jeffery Miller
27B. ADDRESS: Miami Ariz
28. EMBALMER'S SIGNATURE: H. Jeff Miller
28B. EMBALMER'S CERT. NO.: 249 A

FORM VS-2 REV. 3-15-55

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