ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8658

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 345 5

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY (IN THIS TOWN OR ARIZONA): 28 yrs | Life
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 2222 N. 13th St.

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 2222 N. 13th St.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): George
B. (MIDDLE): Albert
C. (LAST): Brown

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Iris Brown
7. DATE OF BIRTH: MONTH 4 DAY 22 YEAR 93
8. AGE (IN YEARS LAST BIRTHDAY): 65 — 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): Accountant
9B. KIND OF BUSINESS OR INDUSTRY: Accountancy
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes — (IF YES, WAR OR DATES OF SERVICE): W. W. I
13. SOCIAL SECURITY NO.: 526-18-3359
14A. FATHER'S NAME: John William Brown
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Thurza E. Berry
15B. BIRTHPLACE (STATE OR COUNTRY): Utah
16. INFORMANT'S SIGNATURE: Iris Brown — ADDRESS: 2222 N. 13th St.
17. DATE OF DEATH: (MONTH) December (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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (A) Metastatic Carcinoma of the Lung — 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. Arteriosclerotic Heart disease

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 30 Nov, 1958 TO 10 Dec, 1958. THAT I LAST SAW THE DECEASED ALIVE ON 2 Dec 58, 1958, AND THAT DEATH OCCURRED AT 2:00 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: E. O. Juglestad (DEGREE OR TITLE) MD
22B. ADDRESS: 3417 N. 21st St
22C. DATE SIGNED: 11 Dec 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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 12/13/58
25C. NAME OF CEMETERY OR CREMATORY: Memory Lawn Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 12/15/58
26B. REGISTRAR'S SIGNATURE: Bernice Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: L. M. Mortensen
27B. ADDRESS: Phoenix, Arizona
28. EMBALMER'S SIGNATURE: L. M. Mortensen
28B. EMBALMER'S CERT. NO.: 261

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