ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0495

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 162

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1day — IN ARIZONA: 41yrs
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: Glendale — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 5255 North 43rd Ave.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

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

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
6B. NAME OF SPOUSE: ---
7. DATE OF BIRTH — MONTH: 3 DAY: 22 YEAR: 1877
8. AGE (IN YEARS LAST BIRTHDAY): 81 — 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): Groceryman
9B. KIND OF BUSINESS OR INDUSTRY: Grocery
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missippi
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. 526-26-8288
14A. FATHER'S NAME: Miles Martindale
14B. BIRTHPLACE (STATE OR COUNTRY): unkn.
15A. MOTHER'S MAIDEN NAME: McCullough
15B. BIRTHPLACE (STATE OR COUNTRY): unkn.
16. INFORMANT'S SIGNATURE: Edward Martindale, ADDRESS: Winkleman, Ariz.
17. DATE OF DEATH — MONTH: JANUARY DAY: 11th YEAR: 1959

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) Congestive heart failure
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerotic cardio-
DUE TO (C) vascular disease

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

INTERVAL BETWEEN ONSET AND DEATH

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan. 11th, 19 59 TO Jan. 11th, 19 59 THAT I LAST SAW THE DECEASED ALIVE ON January 11th, 19 59 AND THAT DEATH OCCURRED AT 4:05 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: [signature] (DEGREE OR TITLE)
22B. ADDRESS: 3435 W. Durango, Phoenix, Ariz.
22C. DATE SIGNED: 1-12-59

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: 1-13-59
25C. NAME OF CEMETERY OR CREMATORY: Glendale Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Glendale, Arizona
26A. DATE REC. BY LOCAL REG.: 1/14/59
26B. REGISTRAR'S SIGNATURE: [signature]
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Glendale, Ariz.
28A. EMBALMER'S SIGNATURE: [signature]
28B. EMBALMER'S CERT. NO. 332

FORM VS-2 REV. 3-15-55 15M AMPCO 16856

7 37 — CAUSE OF DEATH
1/ AND 64 — AL RESIDENCE
0238
1
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