ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 2084

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 844

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 6 yrs. IN ARIZONA 6 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): 4122 N. 28th Drive

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): 4122 N. 28th Dr.
E. IS RESIDENCE ON A FARM? YES ☐ NO ☐

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) ROBERT B. (MIDDLE) BRYANT C. (LAST) STEWART

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Elgeva M. Stewart
7. DATE OF BIRTH: MONTH 4 DAY 29 YEAR 1917
8. AGE (IN YEARS LAST BIRTHDAY): 41 — 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): Landscape Gardener
9B. KIND OF BUSINESS OR INDUSTRY:
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Missouri
11. CITIZEN OF WHAT COUNTRY? U.S.A.
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No — (IF YES, WAR OR DATES OF SERVICE): No
13. SOCIAL SECURITY NO.: 538 05 3429
14A. FATHER'S NAME: Hugh A. Stewart
14B. BIRTHPLACE (STATE OR COUNTRY): Missouri
15A. MOTHER'S MAIDEN NAME: Ruth Vencill
15B. BIRTHPLACE (STATE OR COUNTRY): Missouri
16. INFORMANT'S SIGNATURE: Elgeva M. Stewart — ADDRESS: 4122 N. 28th Dr., Phoenix
17. DATE OF DEATH: MONTH March DAY 8 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) Shotgun wound, chest
DUE TO (B)
DUE TO (C)

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

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 19__ TO 3-9-59, THAT I LAST SAW THE DECEASED ALIVE ON 19__, AND THAT DEATH OCCURRED AT 7:05 PM FROM THE CAUSES AND ON THE DATE STATED ABOVE.
I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.
22A. SIGNATURE (DR.) MARICOPA COUNTY MEDICAL EXAMINER
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 3-9-59

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Homicide
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.): Home
23C. (CITY OR TOWN) (COUNTY) (STATE): Phoenix Maricopa Ariz
23D. TIME OF INJURY (MONTH) 3 (DAY) 8 (YEAR) 1959 (HOUR) 7:05 PM
23E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
23F. HOW DID INJURY OCCUR? Gunshot wound

24A. CORONER'S SIGNATURE: Stanley Kimball
24B. ADDRESS: 11 N. 2nd Ave Phoenix
24C. DATE SIGNED: 3-10-59

25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: Mar. 12, 1959
25C. NAME OF CEMETERY OR CREMATORY: Greenwood Memorial Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 3/18/59
26B. REGISTRAR'S SIGNATURE: Bunell Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: R. V. Ingraham
27B. ADDRESS: 21 W Carroll St
28. EMBALMER'S SIGNATURE: R. V. Ingraham
28B. EMBALMER'S CERT. NO.: 294 A

FORM VS-2 REV. 3-15-55

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AND
RESIDENCE
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DATA
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CAUSE
OF
DEATH
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RATIONS,
UTOPSY
EDICAL
IFICATION
DEATH
DUE TO
EXTERNAL
VIOLENCE
RONER'S
IFICATION
5
UNERAL
RECTOR
AND
GISTRAR
85
116