ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 3845

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 163

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY: IN THIS TOWN 30 yrs; IN ARIZONA Life
C. CITY OR TOWN: Mesa — [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): Southside Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Maricopa
C. CITY OR TOWN: Mesa — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 54 S. Extension Rd.
E. IS RESIDENCE ON A FARM? YES [ ] NO [ ]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST) Susanna B. (MIDDLE) Rebecca C. (LAST) Johnson THOMPSON

4. SEX: Fem
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Mark
7. DATE OF BIRTH: MONTH 2 DAY 2 YEAR 15
8. AGE (IN YEARS LAST BIRTHDAY): 44 — 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): Housewife
9B. KIND OF BUSINESS OR INDUSTRY: Home
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Arizona
11. CITIZEN OF WHAT COUNTRY: United States
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.: Unknown
14A. FATHER'S NAME: William E. Johnson
14B. BIRTHPLACE (STATE OR COUNTRY): Utah
15A. MOTHER'S MAIDEN NAME: Musetta Saline
15B. BIRTHPLACE (STATE OR COUNTRY): Arizona
16. INFORMANT'S SIGNATURE: Mark Thompson (Husband) ADDRESS: Mesa, Arizona
17. DATE OF DEATH: (MONTH) 5 (DAY) 27 (YEAR) 59

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) Uremia — INTERVAL BETWEEN ONSset AND DEATH: 5/10/57
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B) Hip trouble — 1955
DUE TO (C) Hip trouble — 1955
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 [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 2/17/51, 19__ TO 5-27-59, 19__ THAT I LAST SAW THE DECEASED ALIVE ON 5-27-59, 19__ AND THAT DEATH OCCURRED AT 6:35 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE: Frank M Bryant (DEGREE OR TITLE) M.D.
22B. ADDRESS: Mesa, Arizona
22C. DATE SIGNED: 5-28-59

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 [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: 5-29-59
25C. NAME OF CEMETERY OR CREMATORY: Pima Cemetery
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Pima, Arizona

26A. DATE REC. BY LOCAL REG.: 5-28-59
26B. REGISTRAR'S SIGNATURE: Dep.
27A. FUNERAL DIRECTOR'S SIGNATURE: [signature]
27B. ADDRESS: Mesa, Arizona
28A. EMBALMER'S SIGNATURE: R. N. Wayland
28B. EMBALMER'S CERT. NO.: 228-A

FORM VS-2 REV. 3-19-55 — 13M AMPCO 27509
MELDRUM MORTUARY & CHAPEL