Verified

ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8309

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. #3436

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 9yrs — IN ARIZONA: 9yrs
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): 1740 E. Flower

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): 1740 E. Flower
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) John B. (MIDDLE) S. C. (LAST) Charo
4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Anne Charo
7. DATE OF BIRTH — MONTH: June DAY: 22 YEAR: 913
8. AGE (IN YEARS LAST BIRTHDAY): 46 — IF UNDER 1 YEAR: MONTHS: 4 DAYS: 21 — IF UNDER 24 HRS.: HOURS: --- MIN.: ---
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Tool & Die Grinder
9B. KIND OF BUSINESS OR INDUSTRY: Reynolds Metals
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Ohio
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. II
13. SOCIAL SECURITY NO.: 271 05 0914
14A. FATHER'S NAME: Phillip Charo
14B. BIRTHPLACE (STATE OR COUNTRY): Poland
15A. MOTHER'S MAIDEN NAME: Catherine Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Poland
16. INFORMANT'S SIGNATURE: Wife: Anne Charo — ADDRESS: 1740 E. Flower Phoenix, Ariz
17. DATE OF DEATH — MONTH: November DAY: 13 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) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes
ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B): None
DUE TO (C):
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH: Duodenal ulcer — 6 mos.

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

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Nov. 23, 1954 TO Nov. 13, 1959 THAT I LAST SAW THE DECEASED ALIVE ON Nov. 13, 1959 AND THAT DEATH OCCURRED AT 5:20 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: Robert E. Stevens (DEGREE OR TITLE) M.D.
22B. ADDRESS: 2021 N. Central Ave Phoenix
22C. DATE SIGNED: Nov. 13, 1959

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 ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 11/17/59
25C. NAME OF CEMETERY OR CREMATORY: St. Francis
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Phoenix, Arizona
26A. DATE REC. BY LOCAL REG.: 11/16/59
26B. REGISTRAR'S SIGNATURE: Bertal Johnston
27A. FUNERAL DIRECTOR'S SIGNATURE: Richard C. Munnell
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: Richard C. Munnell
28B. EMBALMER'S CERT. NO.: 382A

FORM VS-2 REV. 3-15-55 — 25M AMCO 26322
Mercer Mortuary & Chapel Phoenix, Arizona

E OF DEATH AND L RESIDENCE
CEDENT RSONAL DATA
CAUSE OF DEATH (ITEM 18)
RATIONS, UTOPSY
EDICAL IFICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S IFICATION
NERAL RECTOR AND GISTRAR