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Verified

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 0046

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 8

1. PLACE OF DEATH
A. COUNTY: Cochise
B. LENGTH OF STAY: IN THIS TOWN 16yrs; IN ARIZONA 16yrs
C. CITY OR TOWN: Sierra Vista — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 201 N. First

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Cochise
C. CITY OR TOWN: Sierra Vista — ☐ IN CITY LIMITS ☒ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 201 N. Lst
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) MARTEN B. (MIDDLE) C. (LAST) GRAVENSTEIN
4. SEX: M
5. COLOR OR RACE: Cau
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Theo A. Gavenstein
7. DATE OF BIRTH: MONTH 5 DAY 16 YEAR 93
8. AGE (IN YEARS LAST BIRTHDAY): 67
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): Quartermaster
9B. KIND OF BUSINESS OR INDUSTRY: Civil Service
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
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.: 315-05-8452
14A. FATHER'S NAME: Dirk Gravenstein
14B. BIRTHPLACE (STATE OR COUNTRY): Holland
15A. MOTHER'S MAIDEN NAME: Buisker
15B. BIRTHPLACE (STATE OR COUNTRY): Illinois
16. INFORMANT'S SIGNATURE: Theo A.Gravenstein, ADDRESS: 201NlstSt.SierraVista
17. DATE OF DEATH: (MONTH) Jan (DAY) 9 (YEAR) 1960

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡ — MEDICAL CERTIFICATION
(A) Coronary Occlusion — 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) Arteriosclerotic H.D. — 6yrs.
DUE TO (C)

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 ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 11/23 19 59 TO 1/9 19 60, THAT I LAST SAW THE DECEASED ALIVE ON 1/9 19 60, AND THAT DEATH OCCURRED AT 9 AM M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): Irving J. Folberg MD
22B. ADDRESS: Box 746 Sierra Vista, Ariz
22C. DATE SIGNED: 1/9/60

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: 1/12/60
25C. NAME OF CEMETERY OR CREMATORY: Memory Gardens of Cochise Co.
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Bisbee, Arizona
26A. DATE REC. BY LOCAL REG.: 1-12-60
26B. REGISTRAR'S SIGNATURE: Myrna [illegible]
27A. FUNERAL DIRECTOR'S SIGNATURE: Fred E. Parker
27B. ADDRESS: Hubbard Mortuary, Bisbee, Arizona
28. EMBALMER'S SIGNATURE: Fred E. Parker
28B. EMBALMER'S CERT. NO.: 340

FORM VS-2 REV. 3-15-55 [illegible]1

OF DEATH AND RESIDENCE X
CEDENT SONAL DATA
CAUSE OF EATH EM 18)
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EDICAL FICATION
DEATH DUE TO EXTERNAL VIOLENCE
RONER'S FICATION
NERAL ECTOR AND GISTRAR