ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 0248

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 118

1. PLACE OF DEATH
A. COUNTY: Maricopa
B. LENGTH OF STAY — IN THIS TOWN: 1 Day; IN ARIZONA: 1 Day
C. CITY OR TOWN: Phoenix — [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): D.O.A. Good Samaritan Hospital

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Indiana
B. COUNTY: Marion
C. CITY OR TOWN: Phoenix — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 410 Meridian St.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): Abraham
B. (MIDDLE): (None)
C. (LAST): Fleig

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: July; DAY: 16; YEAR: 1882
8. AGE (IN YEARS LAST BIRTHDAY): 77 — 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): Coin Phono. Operator
9B. KIND OF BUSINESS OR INDUSTRY: ------
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Kentucky
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): ------
13. SOCIAL SECURITY NO. 315-36-5246
14A. FATHER'S NAME: Unknow
14B. BIRTHPLACE (STATE OR COUNTRY): Unknown
15A. MOTHER'S MAIDEN NAME: Unknown
15B. BIRTHPLACE (STATE OR COUNTRY): Unknown
16. INFORMANT'S SIGNATURE: Son-Harry Fleig — ADDRESS: 114 Johnson Av., Mather AFB, Calif.
17. DATE OF DEATH — (MONTH): January; (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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH†: (A) (Arteriosclerotic Cardiovascular Disease) — 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)
DUE TO (C)

II. OTHER SIGNIFICANT 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 1/9 TO 1/9, 19 60 THAT I LAST SAW THE DECEASED ALIVE ON ____, 19__, AND THAT DEATH OCCURRED AT 4:50 A.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
(I HEREBY CERTIFY THAT I EXAMINED THE BODY OF THE DECEASED.)

22A. SIGNATURE (DECEASED) MARICOPA COUNTY MEDICAL EXAMINER: Thomas B. Jones M.D.
22B. ADDRESS: Phoenix
22C. DATE SIGNED: 1/9/60

23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY): Natural
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: Al J. Flood Coroner
24B. ADDRESS: West Phoenix Yard
24C. DATE SIGNED: 1-9-60

25A. BURIAL [ ] CREMATION [ ] REMOVAL [X]
25B. DATE: Jan. 10, 1960
25C. NAME OF CEMETERY OR CREMATORY: Removal
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Indianapolis, Indiana
26A. DATE REC. BY LOCAL REG.: 1/10/60
26B. REGISTRAR'S SIGNATURE: Bertha Johnson
27A. FUNERAL DIRECTOR'S SIGNATURE: Richard C. Mercer
27B. ADDRESS: Phoenix, Arizona
28A. EMBALMER'S SIGNATURE: Richard C. Mercer
28B. EMBALMER'S CERT. NO.: 382A

FORM VS-2 REV. 3-15-55 25M ABACO 26392
Mercer Mortuary & Chapel, Phoenix, Arizona