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Verified

ARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

0592

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 13

OF DEATH AND RESIDENCE 77 31 11-24	1. PLACE OF DEATH A. COUNTY <b>MARICOPA</b>		B. LENGTH OF STAY IN THIS TOWN <b>18 yrs.</b> IN ARIZONA <b>68 yrs.</b>		2. USUAL RESIDENCE A. STATE <b>ARIZONA</b>		B. COUNTY <b>MARICOPA</b>			
	C. CITY OR TOWN <b>TEMPE</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <b>TEMPE</b>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS			
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>TEMPE CLINIC HOSPITAL</b>					D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <b>49 HUDSON LANE</b>		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED A. (FIRST) <b>LEO</b>			B. (MIDDLE) <b>M.</b>		C. (LAST) <b>HEILEMAN</b>		4. SEX <b>MALE</b>	5. COLOR OR RACE <b>CAU.</b>	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	
6B. NAME OF SPOUSE <b>ROSE M. HEILEMAN</b>			7. DATE OF BIRTH MONTH <b>Nov.</b> DAY <b>25</b> YEAR <b>1880</b>		8. AGE (IN YEARS LAST BIRTHDAY) <b>79</b>		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) <b>STATIONARY ENGINEER</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>CREAMERY</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>ILLINOIS</b>		11. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <b>No</b>		13. SOCIAL SECURITY NO. <b>526-03-7358</b>		
14A. FATHER'S NAME <b>GEORGE HEILEMAN</b>			14B. BIRTHPLACE (STATE OR COUNTRY) <b>UNKNOWN</b>		15A. MOTHER'S MAIDEN NAME <b>EMMA McHAFFIE</b>			15B. BIRTHPLACE (STATE OR COUNTRY) <b>UNKNOWN</b>		
16. INFORMANT'S SIGNATURE <b>ROSE M. HEILEMAN</b>					ADDRESS <b>TEMPE, ARIZONA</b>		17. DATE OF DEATH (MONTH) <b>JANUARY</b> (DAY) <b>30,</b> (YEAR) <b>1960</b>			
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, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>CVA</b> ANTECEDENT CAUSES DUE TO (B) <b>Arteriosclerosis &amp; Hypertension</b> DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.					INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b> <b>10 years</b>		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>1958</b> TO <b>1/30/60</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>1/30/60</b> AND THAT DEATH OCCURRED AT <b>6:45 P. M.</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.										
22A. SIGNATURE <b>Richard O. Flynn M.D.</b>					22B. ADDRESS <b>Tempe, Arizona</b>			22C. DATE SIGNED <b>2-1-60</b>		
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 (MONTH) (DAY) (YEAR) (HOUR) OF INJURY			23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
24A. CORONER'S SIGNATURE					24B. ADDRESS			24C. DATE SIGNED		
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <b>2-3-60</b>		25C. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cemetery</b>			25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>			
26A. DATE REC. BY LOCAL REG. <b>2-3-60</b>		26B. REGISTRAR'S SIGNATURE <b>Lucille [Signature]</b>			27A. FUNERAL DIRECTOR'S SIGNATURE <b>CARR MORTUARY</b>		27B. ADDRESS <b>TEMPE, ARIZONA</b>			
28A. EMBALMER'S SIGNATURE <b>Lucille W. Carr</b>					28B. EMBALMER'S CERT. NO. <b>239A</b>					

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